

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2017
NAME OF PROVIDER OR SUPPLIER THE COVINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Construction Section Biennial Survey by Ed Miller and Frank Strickland on July 20, 2017. Records indicate that the Facility was first licensed on April 8, 1991. The facility is currently licensed for One Hundred Twenty (120) residents including Sixty (60) Special Care residents. Based on this information, the facility is required to meet the 1991 Minimum and Desired Standards and Regulations for the Licensing of Adult Care Homes; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 514.1- Institutional (I) Occupancy- Unrestrained. A sprinkler system was added in 2006 and is required to meet the 2006 North Carolina State Building Code. Deficiencies were cited that require a Plan of Correction.	C 000		
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	C 154		

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

TITLE

(X6) DATE

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C 154	Continued From page 1 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 equipped with sounding devices that activated when the door opens. Findings on July 20, 2017: a. 1st Floor North Stairwell - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device. Deficiency corrected before Construction Surveyors departed site. b. 1st Floor Stairwell next to Elevator - this "Special Locking System" exit had a non-working alarmed protective cover over the emergency release toggle switch. This allows residents unrestricted access to the switch that unlocks that exit. In addition, the exit had no other notification device. Deficiency corrected before Construction Surveyors departed site.	C 154		
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.	C 164		

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C 164	Continued From page 2 This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on July 20, 2017: a. Bedroom 149 - the picture frame mounted on the corridor door had mounting screws that were sticking-out from the frame about an inch. This could injure the occupants if they walk to close to the door. b. Nutrition Room - the casework was missing 2 drawers.	C 164		
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, the facility failed to maintain the building in an uncluttered, clean, and orderly manner. Findings on July 20, 2017: a. Bedroom 208 Bathroom - the ventilation grille has an excessive accumulation of dust/lint. b. Soiled Utility/Hopper Room - the ventilation grille has an excessive accumulation of dust/lint. 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair.	C 166		

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C 166	Continued From page 3 Findings on July 20, 2017: a. Bedroom 208 - the corridor side of the corridor door is marred up. b. Bedroom 208 Bathroom- the Bedroom side of the bathroom door is marred up. 3. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on July 20, 2017: a. 2nd Floor Oxygen Storage room - two out of five portable medical oxygen cylinder storage crates were of the beverage type. These crates do not always adequately support oxygen cylinders and are not approved for storage of portable medical oxygen cylinders. 4. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff, and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on July 20, 2017: a. 1st Floor Nurse Station Toilet Room - the sink was not secured to the wall.	C 166		
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	C 189		

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C 189	Continued From page 4 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, the Building was not maintained in a safe and operating condition, because renovation had left some areas without fire sprinkler protection. This would affect all residents, staff and visitors, by not providing the protection fire sprinklers provide. Findings on July 20, 2017: a. Ground Floor Exterior Mech Room/Sprinkler Room - two fire sprinkler heads were removed from this area eliminating most of the fire sprinkler protection for that area. 2. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff, and visitors by not providing early detection and activating the fire alarm system. Findings on July 20, 2017: a. 2nd Floor Storage across from RCC Office - the HVAC duct mounted smoke detector had no access door to inspect and clean the duct detector's sample tubes. Dirty sampling tube may become obstructed and may not detect the existence of smoke in the air stream. 3. Based on observation and testing, the Building was not maintained in a safe and operating condition, because the combination exit sign/emergency light, which illuminates the egress pathways during power outages and directs egress, did not function properly. This would affect all residents, staff, and visitors if the egress pathways were not illuminated at all times	C 189		

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C 189	Continued From page 5 and during power outages and there is no other illumination available. Findings on July 20, 2017: a. Ground Floor Back Gate - The wall mounted self-contained combination exit sign/emergency light had a broken headlight mount not allowing the light to be aimed. 4. 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 Room or compartment of origin. Findings on July 20, 2017: a. 2nd Floor Maintenance room - there are gaps around two cables not firestopped as they penetrate the smoke-resistance corridor wall assembly. b. 1st Floor Clean Linen next to Employee Lounge - the door frame was separating on the inside of the room not allowing the door to close and latch. 5. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on July 20, 2017: a. 2nd Floor South Stairwell - the door knob on the stair side is of the type that is just a knob (dumpy) and cannot release the latching device used to hold the door closed. Emergency responder must have access from this side. b. 1st Floor East Stairwell - the door knob on the stair side could not release the latching device used to hold the door closed. Emergency responder must have access from this side. c. Bedroom 243 - the corridor door hits the top of the doorframe preventing it from closing and latching. d. 1st Floor Clean Linen next to Employee Lounge - the door frame was separating on the inside of the room not allowing the door to close	C 189		

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C 189	Continued From page 6 and latch. e. Ground Floor Dining Room Exterior Exit - the door leaf hits the doorframe making it very difficult to open the door. It requires much more force than 15 pound to set the door in motion. 6. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin. Findings on July 20, 2017: a. Smoke Barrier near Bedroom 254 - the leaf closest to Bedroom 254, of the double-egress cross-corridor doors, did not close completely, and latch when the fire alarm system released the doors. 7. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on July 20, 2017: a. Reception Desk - a power tap (power strip) is plugged into an extension cord. Power taps must connect directly to permanently installed branch circuit electrical power receptacles. b. Business Office - a power tap (power strip) is plugged into another power tap. Power taps must connect directly to permanently installed branch circuit electrical power receptacles. c. Ground Floor Exterior Mech Room/Sprinkler Room - energized wires with twist-on wire connectors is protruding from a piece of flexible conduit, not enclosed in a junction box. d. Ground Floor Exterior Mech Room/Sprinkler Room - wires were cut and left exposed without being terminated with wire connector and in a junction box.	C 189		

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C 189	Continued From page 7 8. Based on observation, the facility did not maintain all Bathrooms and Toilet Rooms doors in an operating condition. Findings on July 20, 2017: a. Bedroom 139 Bathroom - the Bathroom door in this double occupancy room would not close and latch.	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. Based on Observation and testing with a thin plastic sheet and interview with Maintenance Tech, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff, and visitors by preventing the exhausting of odors. Findings on July 20, 2017: a. Ground Floor Men Public Restroom - the exhaust ventilation system was of the gravity type	C 199		

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C 199	Continued From page 8 and there was a musty, unpleasant odors in the room. b. Ground Floor Women Public Restroom - the exhaust ventilation system was of the gravity type and there was a musty, unpleasant odors in the room.	C 199		