STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL063016	A. BUILDING: 01 B. WING _	07/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COVENTRY	105 GOSSMAN DRIVE SOUTHERN PINES, NC 28387

(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 on July 11, 2017. Records indicate this facility was first licensed on June 14, 1996 for fifty Beds. On August 28, 2013 the facility, add ten beds for sixty beds. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Group I. Deficiencies were cited that require a Plan of Correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101		

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C 101	Continued From page 1 1. Based on observation, the Building did not meet the NC State Building and Fire Codes while an addition was being added. This could affect all residents, staff, and visitors by not having the ability to effectively exit the building during an emergency. Findings on July 11, 2017: a. Exit near Bedroom 132 - this door was identified as an exit by an exit sign and was locked on the Assisted Living side, not allowing egress through the exit, creating a dead end corridor of approximately 45 feet which is greater than the 20 feet permitted by Code for I-2 Occupancies. b. The path through the construction area is not an acceptable egress path.	C 101	1. a. New exit created at the end of Corridor 7/31/17. Exit signs in place as well as emergency lights, pull station, and fire extinguisher. Completed 08/03/17 Temporary exit during construction will be removed with new exit in place on 08/30/17. No other areas of building impacted by exit and all other exits meet code Construction will be complete by 8/30/17 with all approved emergency exits in operation Routine building inspections will occur on a quarterly basis for all code compliance by environmental service technician. Record on file in Directors office of inspection.	8/3/17 8/30/17
C 144	Med Prep Area-Sink with Lever Handles SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having properly working wrist type lever handles on the handwashing facilities adjacent to the drug storage area. Findings on July 11, 2017: a. 2nd Floor Med Room - the faucet for the medication preparation sink was equipped with knob handles.	C 144	Replaced faucet with correct hardware. Completed on 07/12/17 7/12/17 building inspection by plant operations designee resulted in no other sink faucet replacements needed. Routine building inspections will occur on a quarterly basis for all code compliance by plant operations designee. Record on file in Directors office of inspection.	7/12/17

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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 11, 2017: a. Kitchen - the HVAC return grille and a ventilation grille with their radiation dampers have an excessive accumulation of dust/lint/grease. b. Spa near Bedroom 116 - the ventilation grille with its radiation damper has an excessive accumulation of dust/lint. 2. 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 11, 2017: a. Staff Restroom near Kitchen - the connection of the commode to the floor is loose.	C 166	1. a. Grills and ducts cleaned on 07/12/17 by Comfort Services. Cleaning will be put on a monthly Kitchen schedule. Annual duct cleaning will be scheduled with contract company in July of each year. 1. b. Grills and ducts cleaned on 07/12/17 by Comfort Services. Cleaning will be put on a monthly Housekeeping schedule. Annual duct cleaning will be scheduled by contract agency in July. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection. 2. a. Flange was repaired/replaced on 07/11/17. Will be inspected quarterly by plant operations designee. Record on file in Directors office of inspection. If broken or missing pieces are found a work order will be created to fix the issue	7/12/17 7/11/17
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each	C 183		

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C 183	Continued From page 3 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. This would affect all residents, staff, and visitors by not identifying emergency equipment not in proper working order. Findings on July 11, 2017: a. 1st Floor Mech Room near Elevator - the documentation of the portable fire extinguisher's monthly inspections stopped in April 2017.	C 183	1. a. inspected fire extinguisher 7/12/17 and found it to be in proper condition. Will be monitored quarterly during fire Drill and noted on fire report copies will be maintained in Directors office. Extinguishes will be replaced as needed if determined on inspection.	7/12/17
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, 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 11, 2017:	C 189		

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C 189	Continued From page 4 a. Mech Room in 2nd Floor Laundry - the sample tubes for the HVAC duct mounted smoke detector is dirty, and may not detect the existence of smoke in the air stream. 2. 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 11, 2017: a. 2nd Floor Smoke Barrier - the left leaf, of the double-egress cross-corridor doors, hit the floor and did not latch when the fire alarm system released the doors. 3. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on July 11, 2017: a. Executive Director Office - a power tap (power strip) was plugged into a multi-plug adaptor. Power taps must connect directly to permanently installed branch circuit electrical power receptacles. Deficiency corrected before Construction Surveyor departed site. b. Bedroom 206 - a power tap (power strip) was plugged into a multi-plug adaptor. Power taps must connect directly to permanently installed branch circuit electrical power receptacles. c. Staff Restroom near Kitchen - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not trip with a push of the test button and when tested with a circuit tester. 4. Based on Observation, the Building was not maintained in a safe and operating, because some building components fail to function as	C 189	1. a. Comfort Services cleaned ducts 7/12/17. An annual duct cleaning has been Scheduled with contract agency to clean all ducts. 7/12/17 building inspection by plant operations designee resulted in contract initiation to clean all ducts to meet code. Routine building inspections will occur on a quarterly basis for all code compliance by plant operations designee. Record on file in Directors office of inspection. 2. a. Door was adjusted/repaired by plant operation on 7/12/17. Will be monitored during quarterly fire Drills and noted on fire drill report. Any issues will be reported and repaired by environmental services technician and maintained in work hubs system. 3. a. Removed power strip and counseled Staff 7/11/17. Routine building inspections will occur on a quarterly basis for all code compliance by plant operations designee. Record on file in Directors office of inspection. 3. b. Removed power strip and counseled Staff 7/11/17. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection. 3.c. replaced by plant operations on 7/12/17All GFCI in building checked and operational. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection.	7/12/17 7/12/17 7/11/17

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C 189	Continued From page 5 originally intended. Findings on July 11, 2017: a. Corridor near Clinical Liaison Office - the left leaf of the double doors has a loose and bent astragal that could injure someone. 5. 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 11, 2017: a. 1st Floor Mech Room near Elevator - there is a hole not firestopped as it penetrates the corridor smoke partition assembly. b. Basement Fire Panel Room - there are gaps in the three, four inch sleeves with cable bundles where new work was installed or removed. c. Electrical Room near Br 127 - there are multiple gaps around the new cables and new holes used to pull cables not firestopped as they penetrate the fire-resistance-rated ceiling assembly and the corridor smoke partitions. d. 2nd Floor Janitor near Weigh Room (gym) - there are two holes not firestopped as they penetrate the fire-resistance-rated ceiling assembly. e. Bedroom 206 - there is a hole not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 6. Based on observation, the Building was not maintain in a safe manner. This could expose residents, staff, and visitors to fire if there was enough fuel for fire to grow beyond the ability of the Building to contain it. Findings on July 11, 2017: a. Basement Small Storage Room (Xmas storage) - this space is over packed with combustible items making it difficult to ingress into the space. The door to this room could only	C 189	4. a. Part ordered 7/11/17 door repaired door on 08/02/17. Will be monitored quarterly during fire Drill and noted on fire report copies will be maintained in Directors office. 5. a. Repaired on 07/12/17 by plant operations. Building inspection 7/12/17 resulted in repair of all holes and fire calk inserted to ensure penetration. Will monitor quarterly during fire drill. 5. b. Repaired on 07/12/17 by plant operations. Building inspection 7/12/17 resulted in repair of all holes and fire calk inserted to ensure penetration. Will monitor quarterly during fire drill. 5. c. Repaired on 07/12/17 by plant operations. Building inspection 7/12/17 resulted in repair of all holes and fire calk inserted to ensure penetration. Will monitor quarterly during fire drill. 5. d. Repaired on 07/12/17 by plant operations. Building inspection 7/12/17 resulted in repair of all holes and fire calk inserted to ensure penetration. Will monitor quarterly during fire drill. 5. e. Repaired on 07/12/17 by plant operations. Building inspection 7/12/17 resulted in repair of all holes and fire calk inserted to ensure penetration. Will monitor quarterly during fire drill. 6. a. Removed items and counseled staff 7/12/17. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection.	8/2/17 7/12/17

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C 189	Continued From page 6 open to about 6 inches. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on July 11, 2017: a. 1st Floor Activity Room - the pair of doors did not close and latch to resist the passage of smoke. 8. Based on Observation, fire rated doors of hazardous or Incidental areas are not being maintained in a safe and operating condition. By not maintaining the fire and smoke resistance of doors, keeping rooms the NC State Building Code defines as "Hazardous or Incidental Area" separated from the rest of the Building. This could affect residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on July 11, 2017: a. 1st Floor Soiled Utility - the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power. b. 1st Floor Laundry - the corridor door (45 min rated, self-closing) did not latch into its frame, on its own power. 9. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This could affect all residents, staff, and visitors if smoke/fire is not contained in the Room or compartment of origin. Findings on July 11, 2017: a. 2nd Floor near Weigh Room (gym) - the fire	C 189	7. a. Doors were adjusted and tested 7/12/17. 7/12/17 building inspection by environmental services technician resulted in repair of any door issues. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection. A work order will be created if not Functioning properly. 8. a. Replaced knob and adjusted strike on 08/04/17. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection. A work order will be created if not functioning properly. 8. b. Replaced knob and adjusted strike on 08/04/17. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection. A work order will be created if not functioning properly. 9. a. Repaired/replaced escutcheon on 07/12/17. Will be inspected quarterly during the fire drill. A work order will be created if not functioning properly.	7/12/17 8/4/17 7/12/17

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C 189	Continued From page 7 sprinkler escutcheon plate had dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. 2nd Floor Janitor near Weigh Room (gym) - the fire sprinkler escutcheon plate is missing, exposing an opening through the fire-resistance-rated wall that allows the spread of smoke and heat. 10. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff, and visitors if they could not promptly find their way to an exit during an emergency. Findings on July 11, 2017: a. 2nd Floor Med Room - the wall-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed. 11. Based on Observation, the Building was not maintained in a safe condition. This could affect all by not containing smoke and fire in the room of origin. Findings on July 11, 2017: a. 2nd Floor Medical Records - the corridor door had a wedge holding the door open, preventing the rapid release of the door with a light push or pull of the door, to close and latch. 12. 1. Based on observation, all exit stairs were not maintained safe. This could cause the exit stair to become unusable. Findings on July 11, 2017: a. Basement Stair Well - two electrified wheel chairs are being stored in the stair well under the stairs.	C 189	9. b. Repaired/replaced escutcheon on 07/12/17. Will be inspected quarterly during the fire drill. A work order will be created if not functioning properly. 10. a. Battery was changed on 07/11/17. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection. A work order will be created if not functioning properly. 11. a. Removed wedge and counseled staff as well as the director 7/11/17. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection. A work order will be created if not functioning properly. 12. 1. a. Removed wheel chairs and counseled staff 7/11/17. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection.	7/12/17 7/11/17 7/11/17 7/11/17

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C 199	Continued From page 8	C 199		
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, 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 11, 2017: a. Staff Restroom near Kitchen - the exhaust ventilation system did not work, and the room has a musty odor.	C 199	1. a. Removed exhaust ventilation fan and replaced motor part ordered 7/12/17 installed and operational on 8/3/17. Routine building inspections will occur on a quarterly basis for all code compliance by environmental services technician. Record on file in Directors office of inspection. The facility alleges compliance effective 8-13-17	8/3/17

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

July 27, 2017

Kim Morton
105 Grossman Drive
Southern Pines, NC 28387

RE: The Coventry - HA Biennial Survey
105 Gossman Drive
Southern Pines Moore County
FID #960429 Hal063016

Dear Ms. Morton :

Thank you for the cooperation and courtesies extended during the recent Division of Health Service Regulation (DHSR) – Construction Section Biennial survey of your facility on July 11, 2017. As a result of the survey, deficiencies were cited which will require an acceptable Plan of Correction. The deficiencies cited are listed on the enclosed Statement of Deficiency. Your Plan of Correction should indicate the following:

- What corrective action(s) will be accomplished in those areas of the facility found to have been affected by the deficient practice;
- How you will identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

Please do not hesitate to call us if you have questions concerning the deficiencies or if we can be of other assistance.

Sincerely,

Ed Miller

Ed Miller
Architect
DHSR - Construction Section

cc: Adult Care Licensure Section-with attachment
City Building Inspection Department - with attachment-(via e-mail only)
Moore County DSS - with attachment-(via e-mail only)