NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 23, 2019
Kimberly Morton (via e-mail only)
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 10, 2019. 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.
- Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State.

1. Corrective action must begin immediately.
2. Any completion date greater than 45 days from date of survey requires a written waiver from DHSR-Construction Section.

Please type or print clearly your correction action on the enclosed Statement of Deficiencies. You will need to

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 _____	07/10/2019

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 a Construction Section Biennial Survey by Ed Miller, conducted on July 10, 2019. Records indicate this facility was first licensed on June 14, 1996 for fifty Beds. On August 28, 2013 the facility, add ten beds for a total of sixty beds, which includes a 14 bed Special Care Unit . 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 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 are not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on July 10, 2019: a. MCU 2-Hour Firewall & Smoke Barrier - the front leaf of the double-egress cross-corridor doors hit a screw in the frame and will not open. Deficiency corrected before Construction Surveyors departed site. b. MCU Back Side Exit - the exterior exit door is obstructed with a chair positioned behind the	C 150	a) The deficiency was corrected on 7-10-19. All Firewall & Smoke Barrier doors have the potential to be affected. All Firewall & Smoke Barrier doors will be inspected by maintenance technician on or before August 7, 2019, once weekly for 4 weeks, then monthly thereafter. b) The deficiency was corrected on 7-10-19. All exit doors have the potential to be affected. All exit doors will be inspected by maintenance technician on or before August 7, 2019, once weekly for 4 weeks, then monthly thereafter.	7-10-19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kimberly Morton, RN | TITLE: Director of Assisted Living | (X6) DATE: 8-7-19

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C 150	Continued From page 1 door. Deficiency corrected before Construction Surveyors departed site.	C 150	c) The deficiency was corrected on 7-10-19. All exit doors have the potential to be affected. All exit doors will be inspected by maintenance technician on or before August 7, 2019, once weekly for 4 weeks, then monthly thereafter. All findings will be reported to the Environmental Services Director who will be responsible for achieving and maintaining compliance.	7-10-19
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 Building was not maintained free of hazards, if oxygen cylinders fall, breaking their valves, propelling the cylinder, and turning it into a dangerous projectile. Findings on July 10, 2019: a. AL Med room - two portable medical oxygen cylinders are standing up on the floor in unapproved plastic beverage crates not physically secured in racks, stands or chained to the structure.	C 166	a) Deficiency corrected on 7-10-19. All oxygen storage areas can be affected. All Oxygen storage areas inspected on or before 8-7-19 by maintenance technician. Resident Care Coordinator to inspect all oxygen storage areas daily for 4 weeks and once weekly thereafter. All findings will be reported to the Environmental Services Director who will be responsible for achieving and maintaining compliance.	7-10-19
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		• SEE NEXT PAGE	

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C 185	Continued From page 2 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. Director/Administrator/Maintenance Director/Technician/Manager, fire safety rehearsals are not being performed regularly with at least one per shift for each quarter. Findings on July 10, 2019: a. In the 1st quarter for the last 12 months, no rehearsals occurred during 1st shift. b. In the 2nd quarter for the last 12 months, no rehearsals occurred during 2nd shift. c. In the 3rd quarter for the last 12 months, no rehearsals occurred during 2nd shift. d. In the 4th quarter for the last 12 months, no rehearsals occurred during 2nd shift.	C 185	Facility staff will be re-in-serviced on performing fire-safety rehearsals at least once per shift for each quarter one per shift for each quarter on or before8-6-19. A fire evacuation drill was completed on 1st and 2nd shifts on 8-6-2019. A fire safety rehearsal will be performed by maintenance technician on all shifts every month for 3 months then quarterly thereafter. All findings will be reported to the Environmental Services Director who will be responsible for achieving and maintaining compliance.	8-5-19 8-6-19
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, with ground fault interrupters. This would affect residents, staff, and visitors by not providing ground fault protection to these devices. Findings on July 10, 2019: a. AL Nourishment - an electrical power		a) Deficiency corrected on 7-29-19. All electrical outlets in wet areas have the potential to be affected. All electrical outlets in wet areas throughout the facility inspected and repaired or replaced on or before 8-7-2019. Electrical outlets will be inspected by maintenance technician monthly to ensure code compliance. All findings will be reported to the Environmental Services Director who will be responsible for achieving and maintaining compliance. The facility alleges compliance 7-29-19	7-29-19

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C 188	Continued From page 3 receptacle, that is within six feet of the sink, is not ground fault protected.			
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 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 July 10, 2019: a. AL Large Dining Room - the self-contained emergency light illumination level is low when the test button is pushed. b. AL Small Dining Room - the self-contained emergency light did not illuminate on backup power when the test button is pushed. c. AL Corridor near Bedroom 104 - the self-contained emergency light illumination level is low when the test button is pushed. d. 2nd FL Corridor near Bedroom 202 - the self-contained emergency light did not illuminate on backup power when the test button is pushed. e. AL Large Activity - the self-contained emergency light did not illuminate on backup power when the test button is pushed.	C 189	All self-contained emergency lights identified as deficient have been repaired by maintenance technician by 7-11-19. Maintenance technician to inspect all self-contained emergency lighting throughout the facility once weekly for 4 weeks, then once monthly thereafter.	

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C 189	Continued From page 4 f. AL Corridor near Bedroom 127 - the self-contained emergency light illumination level is low when the test button is pushed. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the cross-corridor barrier did not close completely and latch to restrict fire and 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 10, 2019: a. Cross-Corridor Barrier near AL Activity Office - the left leaf, of the pair of doors, does not latch into the frame when the fire alarm system released the doors. 3. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection and activating the fire alarm system. Findings on July 10, 2019: a. 2nd FL Activity - the pair of corridor doors are equipped with panic hardware that are dogged down, circumventing the requirement for these doors to have positive latching. 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 of origin. Findings on July 10, 2019: e. Basement IT room - there is an existing firestopped PVC pipe that has separated from the floor/ceiling assembly. f. Basement Fire Panel room - there are two	C 189	2) All cross-corridor barrier doors have the potential to be affected. All doors to be inspected by maintenance technician and repaired or replaced by 8-24-19. Doors to be inspected once weekly for 4 weeks then quarterly thereafter during fire drills. a) Door repaired on 7-15-19. 3) All cross-corridor barrier doors have the potential to be affected. All doors to be inspected by maintenance technician and repaired or replaced by 8-24-19. Doors to be inspected once weekly for 4 weeks then quarterly thereafter during fire drills. a. Door not repaired. Part was ordered and a licensed contractor to repair or replace door on or before 8-24-19.	7-15-19 7-

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C 189	Continued From page 5 as they penetrate the fire-resistance-rated wall assembly. g. MCU IT Room - there is a bundle of flexible conduit not fully firestopped as it penetrates the fire-resistance-rated ceiling assembly. h. MCU IT Room - there is a refrigerant line not firestopped as it penetrates the fire-resistance-rated ceiling assembly. 5. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on July 10, 2019: a. Al Laundry Room - a multiple plug adaptor, without integral overcurrent protection, is attached to an electrical power receptacle behind the washer. Deficiency corrected before Construction Surveyors departed site. 6. 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 10, 2019: a. AL Small Dining Room - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. b. AL Small Dining Room - the escutcheon plate on the fire sprinkler does not cover the complete hole through the fire-resistance-rated ceiling that allows the spread of smoke and heat. c. AL Clean Linen - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening that allows the spread of smoke and heat. d. AL Clean Linen Room - the escutcheon plate on the fire sprinkler has dropped down from the fire-resistance-rated ceiling exposing an opening	C 189	4) All smoke barrier throughout the facility have the potential to be affected. All other smoke barriers were inspected for holes and penetrations on or before 8-7-19 by maintenance technician. All holes and penetration was repaired with accredited fire caulk by maintenance technician on 7-15-19. The facility alleges compliance on 7-15-19 5) The multiplug adapter was removed on 7-10-19 and educated staff. Routine building inspections will occur on a quarterly basis to meet code compliance by maintenance technician. The facility alleges compliance on 7-10-19. 6)) All smoke barriers and escutcheon plates have the potential to be affected. All escutcheon plates inspected and repaired on 7-15-19. Will be inspected once weekly for 4 weeks by maintenance technician during fire drills, then quarterly thereafter. The facility alleges compliance on 7-15-19.	7-15-19

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C 189	Continued From page 6 that allows the spread of smoke and heat. e. 2nd FL Laundry - the fire sprinkler head is missing its escutcheon plate, exposing an opening through the fire-resistance-rated ceiling that allows the spread of smoke and heat. 7. Based on observation the ice machine drain line on the floor receptor. The NC Plumbing Code requires that ice machine drains must not directly contact the floor or floor drain and a minimum of 2 inches of vertical clearance must be maintained between the ice machine drain and the floor or floor drain to prevent contamination of the ice. 8. Based on Observation, corridor doors are not maintained in a safe and operating condition. Doors are blocked open or held open by unapproved devices or methods. All occupants in the facility could be affected if doors cannot be closed or closed rapidly with a light push or pull of the door to limit the spread of smoke and fire to the area of origin. Findings on July 10, 2019: a. AL Small Dining Room - the corridor door has a wedge holding the door open. Deficiency corrected before Construction Surveyors departed site.	C 189	7) The drain was repaired on 7-12-19. The drain will be inspected weekly by maintenance technician for 4 weeks then monthly thereafter. The facility alleges compliance as of 7-12-2019. 8) The wedge was removed on 7-10-19 and staff were counseled. Will be inspected weekly by maintenance technician. The facility alleges compliance as of 7-10-2019.	7-12-19 7-10-19
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			

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C 199	Continued From page 7 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 10, 2019: a. AL Janitor near Bedroom 104 - the required exhaust ventilation system is running but is not removing any air to the outside. b. AL Janitor near Bedroom 129 - the required exhaust ventilation system is running but is not removing any air to the outside. 2. Based on Observation there is no mechanical ventilation system Findings on July 10, 2019: a. MCU Soiled Linen - the is no mechanical ventilation systems for this trach collecting room. b. MCU Housekeeping - the is no mechanical ventilation systems in this room. c. MCU Laundry - the is no mechanical ventilation systems in this room.	C 199	9) Ventilation systems throughout the facility have the potential to be affected. All ventilation systems throughout the facility will be inspected by a maintenance technician and repaired or replaced on or before 8-24-19. All ventilation systems will be inspected once weekly for 4 weeks then quarterly thereafter. All findings will be reported to the Environmental Services Director who will be responsible for achieving and maintaining compliance. a) Exhaust fan repaired on 7-30-19. b) A licensed contractor will install a ventilation system on or before 8-24-2019 c) A licensed contractor will install a ventilation system on or before 8-24-2019	7-30-19 In process In process

Fire Drill Evaluation Record

Facility	Location of Drill	Date of Drill	Time of Drill	Quarter (check one)	Shift (check one)	Evacuation Time (if timed)	Observer(s)
Coventry	Pull station near elevator	8/06/19	2:50 p.m 3:00 pm	( ) Q1 ( ) Q2 ~~( )~~ Q3 ( ) Q4	~~( )~~ 1st Shift ( ) 2nd Shift ( ) 3rd shift	N/A	Carlos Avila Nathan Beck

AT DISCOVERY OF FIRE	Yes	No	N/A
Was the code word called out?	✓		
Was the fire room evacuated?	✓		
Was the room checked thoroughly, including bedrooms, alcoves, workstations	✓		
Was the staff member(s) familiar with handling techniques of Elders mechanical equipment?	✓		
Were all the doors to the fire room closed?	✓		
Was the door marked to indicate evacuated room?	✓		
Was the fire alarm activated or simulated?	✓		
Was the fire alarm received by the monitoring agency? **Time:** **Operator:**			✓
Was call placed to receptionist or operator?	✓		

AT SOUND OF ALARM	YES	No	N/A
Was an overhead page made to announce fire location?			✓
Was a pack-up call made (simulated) to 9-1-1	✓		
Were all the doors closed?	✓		
Were the Elders in the corridors placed in rooms?	✓		
Was all equipment cleared from hallways?	✓		
Were elevators recalled and locked out?	✓		
Did staff in the immediate area respond to fire?	✓		
Was a proper decision made regarding evacuation of the fire/smoke compartment?	✓		
Was the staff member familiar with the proper evacuation destination for the fire area?	✓		
Was the staff member familiar with the method to indicate an evacuated room?	✓		
Did the individual in charge provide adequate leadership to staff?	✓		
Was a staff member in place to meet the Fire Department?	✓		
Was the staff member aware of the fire location and appropriate entry point for the fire department to use?	✓		

SYSTEM OBSERVATIONS	Yes	No	N/A
Were strobe lights flashing and alarm sounding? **Pull Station or Device I.D.?**	✓		
Did the smoke compartment door close appropriately?	✓		
Was as copy of the current emergency procedures available to staff?	✓		
Was a mini-review/in-service conducted to discuss learnings?	✓		
Did magnetic locked doors release properly?	✓		
Were all exits signs illuminated?	✓		

OBSERVATIONS/COMMENTS/SAFETY COMMITTEE RECOMMENDATIONS

Signature of Person Conducting the Drill

Tammy Barnes

Nicole Blue

Roshenequa Nicholson

Darlene T. Waddell

Lakisha Mack

Ke Ann Lehman RN

Fire Drill Evaluation Record

Facility	Location of Drill	Date of Drill	Time of Drill	Quarter (check one)	Shift (check one)	Evacuation Time (if timed)	Observer(s)
Coventry	Pull station in Dining Room	8/06/19	6:05 p.m 6:15 p.m	( ) Q1 ( ) Q2 ✓ Q3 ( ) Q4	( ) 1st Shift ✓ 2nd Shift ( ) 3rd shift	N/A	Carlos Avila Tommy Barnes

AT DISCOVERY OF FIRE	Yes	No	N/A
Was the code word called out?	✓		
Was the fire room evacuated?	✓		
Was the room checked thoroughly, including bedrooms, alcoves, workstations	✓		
Was the staff member(s) familiar with handling techniques of Elders mechanical equipment?	✓		
Were all the doors to the fire room closed?	✓		
Was the door marked to indicate evacuated room?	✓		
Was the fire alarm activated or simulated?	✓		
Was the fire alarm received by the monitoring agency? **Time:** **Operator:**			✓
Was call placed to receptionist or operator?	✓		

SYSTEM OBSERVATIONS	Yes	No	N/A
Were strobe lights flashing and alarm sounding? **Pull Station or Device I.D.?**	✓		
Did the smoke compartment door close appropriately?	✓		
Was as copy of the current emergency procedures available to staff?	✓		
Was a mini-review/in-service conducted to discuss learnings?	✓		
Did magnetic locked doors release properly?	✓		
Were all exits signs illuminated?	✓		

AT SOUND OF ALARM	YES	No	N/A
Was an overhead page made to announce fire location?			✓
Was a pack-up call made (simulated) to 9-1-1	✓		
Were all the doors closed?	✓		
Were the Elders in the corridors placed in rooms?	✓		
Was all equipment cleared from hallways?	✓		
Were elevators recalled and locked out?	✓		
Did staff in the immediate area respond to fire?	✓		
Was a proper decision made regarding evacuation of the fire/smoke compartment?	✓		
Was the staff member familiar with the proper evacuation destination for the fire area?	✓		
Was the staff member familiar with the method to indicate an evacuated room?	✓		
Did the individual in charge provide adequate leadership to staff?	✓		
Was a staff member in place to meet the Fire Department?	✓		
Was the staff member aware of the fire location and appropriate entry point for the fire department to use?	✓		

OBSERVATIONS/COMMENTS/SAFETY COMMITTEE RECOMMENDATIONS

Signature of Person Conducting the Drill

Tommy Barnes

Denita Thomas