

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL092181</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/16/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE COVINGTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4510 DURALEIGH ROAD</b><br><b>RALEIGH, NC 27615</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| {C 000}                                                  | Initial Comments<br><br>Report of a Biennial Follow Up Construction<br>Survey by Suzanna Fay conducted on October<br>16, 2019.<br><br>There are deficiencies cited in the Biennial<br>Construction Survey that remain to be corrected.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {C 000}                                                                                         |                                                                                                                          |                                                                    |
| {C 164}                                                  | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND<br>FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor<br>coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing<br>facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the ceilings were<br>not kept clean and in good repair.<br><br>Findings on October 16, 2019:<br>a. Lower Level Living Room - there is a large<br>yellow water stain on one ceiling tile in the back<br>corner of the room. The ceiling tiles have been<br>replaced but the leak has not been identified as<br>there are additional fresh water stains on the<br>ceiling. Staff indicated that the SCU was above<br>this floor and they had ongoing problems with<br>toilets overflowing.<br><br>3. Observations revealed that the floors were not<br>kept clean and in good repair.<br><br>Findings on October 16, 2019: | {C 164}                                                                                         |                                                                                                                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE COVINGTON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4510 DURALEIGH ROAD</b><br><b>RALEIGH, NC 27615</b> |                                                                                                                          |                                                                    |
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| {C 164}                                                  | Continued From page 1<br><br>b. Ground Floor Men's Toilet - the floor around the toilet is stained and in a state of disrepair. Staf indicated the material has been ordered and the floor will be replaced when it arrives.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {C 164}                                                                                         |                                                                                                                          |                                                                    |
| {C 189}                                                  | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(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.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>3. Based on observation there is a failure to maintain the building's suspended ceiling system.<br><br>Findings on October 16, 2019:<br>f. Riser Room (Laundry wall) - there is a 1" cable penetration that has not been sealed. Interview with staff revealed that they had run out of fire caulk material and had placed an order for more. The cable will be sealed when the fire caulk arrives.<br><br>5. Observations revealed that the mechanical equipment was not maintained in a clean condition.<br><br>Findings on October 16, 2019:<br>b. Room 144 - there is an accumulation of dust on the bathroom exhaust fan vent. | {C 189}                                                                                         |                                                                                                                          |                                                                    |

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| {C 199}                                                  | Continued From page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {C 199}                                                                                         |                                                                                                                          |                                                                    |
| {C 199}                                                  | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(g) The spaces listed in this Paragraph shall be<br>provided with exhaust ventilation at the rate of<br>two cubic feet per minute per square foot. This<br>requirement does not apply to facilities licensed<br>before April 1, 1984, with natural ventilation in<br>these specified spaces:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Observations revealed that the facility did not<br>maintain exhaust ventilation in required areas.<br><br>Findings on October 16, 2019:<br>b. Room 258 - the bathroom exhaust fan is<br>blowing air out instead of pulling.<br>c. Ground Floor Soiled Utility - the exhaust fan is<br>not working. Interview with staff revealed that<br>they had to order additional parts which have not<br>yet come in.<br>d. Ground Floor Women's Toilet - the exhaust<br>fan is not working. Interview with staff revealed<br>that they had to order additional parts which have<br>not yet come in.<br>e. Ground Floor Men's Toilet - the exhaust fan is<br>not working. Interview with staff revealed that<br>they had to order additional parts which have not<br>yet come in. | {C 199}                                                                                         |                                                                                                                          |                                                                    |