NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

May 13, 2020

Mr. Charles E. Trefzger, Executive Officer
WP-Raleigh Health Holdings, LLC, Licensee
The Covington
P.O. Box 2568
Hickory, NC 28603-2568

email address: mdeaton@affinitylivinggroup.com

Re: Receipt of Plan of Correction (Event ID N7VN11)
Facility: The Covington
Licensure Number: HAL-092-181
County: Wake

Dear Ms. Nixon:

Based on our telephone conversation on May 6, 2020, there was an addendum to the Plan of Correction for the Statement of Deficiencies dated March 10, 2020. The pages noting the addendum are provided for your records.

Please do not hesitate to contact us at 984-365-2578, if you have questions or we may be of further assistance.

Sincerely,

Shonda Stacey

Shonda Stacey, Licensure Consultant
Adult Care Licensure Section
Division of Health Service Regulation

Enclosure

cc: Cassandra Nixon, Administrator
Catherine Goldman, Supervisor, **Wake** County DSS
Bridget Rackley, Team 4 Supervisor, Central Branch Regional Office, Adult Care Licensure Section
Raleigh Facility File

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: _____ B. WING _____	R 03/12/2020

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
D 000	Initial Comments The Adult Care Licensure Section and the Wake County Department of Social Services conducted an annual, follow-up survey, and complaint investigation on March 10-12, 2020. The Wake County Department of Social Services initiated the complaint investigation on February 25, 2020.	D 000	**Initial Comments** Response to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies or Corrective Action Report; the Plan of Correction is prepared solely as a matter of compliance with State law.	
D 254	10A NCAC 13F .0801(b) Resident Assessment 10A NCAC 13F .0801Resident Assessment (b) The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it containing at least the same information as required on the established instrument. The assessment to be completed within 30 days following admission and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status and physical functioning in activities of daily living. Activities of daily living are bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident requires referral to the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 7 sampled residents	D 254	**NCAC 13F .0801(b) RESIDENT ASSESSMENT** The facility shall assure an assessment of each resident is completed within 30 days following admission and at least annually thereafter using an assessment instrument established by the Department or an instrument approved by the Department based on it continuing at lease the same information as required on the established instrument. The assessment is to be completed within 30 days following admission, upon significant change as per regulatory definition, and annually thereafter shall be a functional assessment to determine a resident's level of functioning to include psychosocial well-being, cognitive status, and physical functioning in activities of daily living. Activities of daily living are bathing dressing personal hygiene, ambulation or locomotion, transferring, toileting and eating. The assessment shall indicate if the resident's physician or other licensed health care professional, provider of mental health, developmental disabilities or substance abuse services or community resource.	

Reviewed and accepted with amendments-
SS- 5/13/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 254	Continued From page 1 (#5) had a care plan that was completed annually. The findings are: Review of Resident #5's most current FL-2 dated 11/05/19 revealed: -Diagnoses included muscle weakness, COPD, urinary incontinence, acquired absence of left finger, cognitive deficit, history of falls and alcohol dependence-induced remission. -Resident #5 required a cane to assist with mobility. Review of Resident #5's Resident Register revealed he was admitted to the facility on 08/21/17. Review of Resident #5's care plan dated 01/31/19 revealed: -Resident #5 ambulated with a cane. -She required limited assistance with bathing and dressing. -She required extensive assistance with feeding, specifically setting up and cleaning up. Interview with the Resident Care Coordinator (RCC) on 03/10/20 at 2:45pm revealed: -She knew Resident #5's care plan was outdated. -There was a meeting scheduled for the following week with Resident #5's Power of Attorney (POA) to update the care plan. A second interview with the RCC on 03/11/20 at 3:09pm revealed: -She was responsible for making sure the residents' care plans were updated annually. -The RCC was responsible for reviewing the "tickler" spreadsheet and alert the RCC as care plans become due. -The spreadsheet contains resident's name and	D 254	The Covington's Assessment Tool is located in the Electronic Medical Record platform, MatrixCare Resident #5 care plan was updated completed 4.7.2020. All staff responsible for assessment completion, again completed the "Resident Assessment Manual" training established by the department on 4.27.20. A copy of the certificate of attendance is located in their training file. A complete audit of resident assessments was performed 4.27.20. Assessments identified as needing to be updated, will be updated by the RCC, MCC and or DRC prior to May 8th, 2020. Monitoring for completion of assessments, is through MatrixCare. It may be monitored through individual resident observations, or via the "Facility Activity Report" to have an overview of the entire community. These are real time accurate versus maintaining a secondary tickler system. Facility Activity Reports will be monitored by the RCC, SCC, DRC and ED daily during standup for two weeks, and weekly thereafter, during the Weekly at Risk Meetings, and Monthly during QA. The RCC, SCC and DRC are responsible for the completion, accuracy and timeliness of assessments. The Executive Director is responsible for the overall monitoring and ensuring the meetings occur as outlined above. **Date of Completion May 8, 2020**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 254	Continued From page 2 dates that careplans,FL-2s,assessments etc. were last completed. -The RCC was responsible for keeping the information in the tickler spreadsheet updated. -No one was currently reviewing the spreadsheet. -The Director of Resident Care (DRC) and the RCC and the Special Care Coordinator (SCC) sat together to review charts for completion weekly. -The last review session was at the beginning of February. Interview with Special Care Coordinator (SCC) on 03/11/20 at 3:49pm revealed: -Monthly chart audit and the tickler spreadsheet should have caught any outstanding care plans. -Tickler spreadsheet was not being used due to a "formula" not working properly. -The DRC and the Regional Director (RD) were "revamping" the tickler spreadsheet. -SCC and the DRC were conducting daily chart audits to ensure records were up to date. -The audits consisted of reviewing approximately 10 charts per day in a focused area for completion. -They had planned to audit for care plans next. -The last audit date was 03/05/20. Interview with the DRC on 03/12/20 at 9:27am revealed: -She was aware there were residents whose care plans were out of date. -There was a tickler spreadsheet that was not currently in use because there was a system error with the cooperate tickler spreadsheet that caused the "formula to be knocked off". -She was currently working on a tickler spreadsheet for the facility to alert her when care plans are due to be updated. -She, the RCC, and the SCC were conducting monthly chart audits to ensure record was current	D 254		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 254	Continued From page 3 and these began on February 3, 2020. -She and the RD were working on correcting resident records. -SCU resident records were completed. Interview with the Administrator on 03/12/20 at 3:22pm revealed: -She began her role as Administrator 12/16/19. -She was aware the residents' records had not been kept up to date. -The RCC and SCC were responsible for ensuring annual and quarterly updates are completed on each resident. -SCU resident records were not complete in the audit process. -The RCC, SCC, DRC, and ED were responsible for these initial record audits but there was no schedule set for the meetings. Telephone interview with Power of Attorney for Resident #5 on 03/12/20 at 5:30pm revealed: -She had a meeting set for 03/16/20 with the facility to discuss his annual assessment and care plan. -She had cancelled a prior meeting due to her health. -She had no concerns about the care her family member was receiving.	D 254		
D 270	10A NCAC 13F .0901(b) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (b) Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plan and current symptoms.	D 270	**NCAC 13F .0901 (b) Personal Care and Supervison** Staff shall provide supervision of residents in accordance with each resident's assessed needs, care plans and current symptoms. ~~Resident # 6 was discharged from the community on 12.20.~~	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 4 This Rule is not met as evidenced by: TYPE A2 VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure supervision in accordance with current symptoms for 1 of 7 (#6) sampled residents with ten falls within three months. The findings are: Review of Resident #6's FL-2 dated 03/02/20 revealed: -Diagnoses included dementia with behavior disturbances and gait instability -Resident #6's level of care was for Special Care Unit (SCU). -The resident was constantly disorientated. -The resident was semi ambulatory. -The resident was incontinent of bowel and bladder. Review of Resident #6's Resident Register revealed an admission date of 06/23/17. Review of Resident #6's Incident/Accident Report dated 01/05/20 at 10:27 am revealed: -The resident lost his footing and fell to the floor. -The resident was observed in the dining room on the floor bleeding from his left pinky finger. -His fingernail bed was detached from his finger. -Emergency Medical Service (EMS) was called and resident was taken to the hospital. -Fall instructions included: monitor status for 72	D 270	In the event of an accident or incident, staff will respond immediately to provide care according to the facility's policies and procedures. This includes but is not limited to notification of the physician and the resident's responsible party. All events have orders in Matrixcare for monitoring for a 72- hour minimum. Vital signs are taken each shift with their condition monitored, and progress notes entered during that time. Compliance with the above process is monitored daily. In an emergent situation, residents are sent to the ER for medical evaluation. Any resident experiencing an event, requiring medical treatment or otherwise will be seen by their physician upon their next visit. Events are monitored through individual resident observations, such as the "Safety and Falls Risk Evaluation form". Upon admission, quarterly and after each fall, this form is completed on the resident. Interventions to decrease likelihood of a recurrent event are identified during the review, orders procured as indicated, with those entered into MatrixCare. Care Plans are updated as indicated.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 5 hours for bruising, change in mental status/condition, pain, or other injuries related to fall. -Special instructions included: document any changes or no changes. Review of Resident #6's hospital discharge dated 01/05/20 revealed: -There was documentation that the reason for visit was a fall -Diagnoses included a fall and closed fracture to tuft of distal phalanx of finger. -Imaging tests completed included an X-ray of his distal finger. Review of Resident #6's Incident/Accident Report dated 01/07/20 at 6:50 am revealed: -Resident #6 was laying on the bed with bloody head and face. -Resident #6 refused vitals. -Resident #6 was sent to the emergency room (ER) for further evaluation. -Resident #6 returned to the facility after additional care was provided to him at the hospital. -Fall instructions included: monitor status for 72 hours for bruising, change in mental status/condition, pain, or other injuries related to fall. -Special instructions included: document any changes or no changes. Review of Resident #6's Incident/Accident Report dated 01/07/20 at 3:33 pm revealed: -Resident #6 was found sitting on his buttock. -Resident #6 was observed on the room floor bleeding from his head. -EMS was called and Resident #6 went out to the hospital for further evaluation. -The physician and responsible parties were	D 270	Events are also monitored daily via the "Facility Activity Report" to have an overview of the entire community. Facility Activity Reports will be monitored by the RCC, SCC, DRC and ED daily during standup for two weeks, and weekly thereafter. Falls are discussed during the Weekly at Risk Meetings, with the 72 hour Falls Review completed by Care Managers/DRC., and Monthly during QA. During the QA meeting, the "Event Summary Report" is reviewed as well to ensure effectiveness of interventions". The RCC, SCC and DRC are responsible for the completion, accuracy and timeliness of evaluations. The Executive Director is responsible for the overall monitoring and ensuring the meetings occur as outlined above. **Date of Completion ~~4.28.2020~~ 4/11/2020**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 6 notified. Review of Resident #6 hospital discharge dated 01/07/20 revealed: -Diagnoses included a cut on the face and a head injury -Imaging tests completed included a computed topography (CT) of Resident #6's cervical spine without contrast and a CT of Resident #6's head without contrast. Review of Resident #6's Incident/Accident Report dated 01/09/20 at 12:02 pm revealed: -Resident #6 was trying to get up without assistance from a wheelchair and lost his balance. -There was no injury documented. -The physician and responsible parties were notified. Review of Resident #6's Incident/Accident Report dated 02/02/20 at 10:13 am revealed: -Resident #6 fell out of wheelchair and hit his head. -No injury. -Fall instructions included: monitor status for 72 hours for bruising, change in mental status/condition, pain, or other injuries related to fall. -Special instructions included: document any changes or no changes. -Resident #6 was sent to the ER for further evaluation. Review of Resident #6 hospital discharge dated 02/02/20 revealed: -The reason for the visit was a fall -Resident #6 diagnoses included a fall and a contusion to scalp.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 7 Review of Resident #6's Incident/Accident Report dated 02/05/20 at 11:45 am revealed: -Resident #6 stood up and his lost balance which caused him to fall. -Resident #6 did not have any injuries and no complaints of any pain or discomfort. -The physician was present when incident happened. Review of Resident #6's Incident/Accident Report dated 02/22/20 on 10:07 pm revealed: -Staff observed Resident #6 sitting on the floor in dining room. -Resident #6 refused vital signs and staff documented another attempt would be made when Resident #6 was calm. -Resident #6 was redirected and would be seen by the physician on rounds. Review of Resident #6's Incident/Accident Report dated 03/02/20 at 9:19 am revealed: -Resident #6 was observed standing up and losing his balance without injury in hallway. -A therapy evaluation, a safety device, and primary care provider (PCP) would follow up on the next site visit. -Resident #6 stood up from his wheelchair and fell on his back. -Resident #6 did not complain of any pain or discomfort. -Resident #6's Power of Attorney (POA) and his PCP were notified. Review of Resident #6's Incident/Accident Report dated 03/09/20 at 11:32 am revealed: -Resident #6 was seen sitting up on the floor next to his wheelchair without injury. -Resident #6 did not complain of any pain or discomfort. -Vitals were unable to be obtained because the	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 8	D 270		

resident was combative.
-Resident #6 refused to sit at first but was redirected again.
-Resident #6's POA, hospice, and his PCP were notified.
-Resident #6 was added to the list to see the physician on 03/09/20.

Review of Resident #6's Incident/Accident Report dated 03/11/20 at 9:15 am revealed:
-Resident #6 stood from his chair, attempted to walk and loss his balance.
-Resident #6 had an injury to his left elbow.
-Wound care was given to Resident #6 by the hospice nurse.
-Resident #6 stood up from his wheelchair and fell backwards on his elbow causing two small skin tears.
-Hospice arrived shortly after incident and dressed the wound to the resident's elbow.
-POA was notified.

Interview with a first shift personal care aide (PCA) on 03/12/20 at 8:57 am revealed
-Staff were to carefully observe Resident #6 and all other residents in the room.
-A lot of times staff would put Resident #6 in the TV room.
-No one told staff to keep an eye on Resident #6, it was just common sense that he needed to be watched because he was a falls risk.
-Resident #6 had a fall yesterday morning in the TV room.
-The Medication Aide (MA) did a full body assessment on Resident #6 after his fall.
-Once MA saw that Resident #6 was alright, she put him in his wheelchair.
-The MA should have written the incident up.
-Resident #6's Hospice nurse was at the facility during the time of the fall and treated Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 9	D 270		

#6's arm for a skin tear.
-"The problem was that we need more staff to be able to supervise all the residents."
-Lately, the facility had been short on staff.

Interview with another PCA on 03/11/10 at 3:54 pm revealed:
-When she checked on Resident #6, he was in his bed with his fall mat out.
- She could tell that Resident #6 did not want to lay down in his bed, so she got him out of the bed and put him in his wheelchair.
-She then rolled him to the big dining hall and sat him in the back in preparation for snack.
-She left Resident #6 in the dining hall because it was time for the residents to have their snacks.
-On 1st shift staff gave residents their snacks in the dining hall.
-She was not aware of anything in place for Resident #6 regarding falls.
-Resident #6 was a 2-person assist.
-Resident #6 would not stay seated in his wheelchair.
-MAs had to administer Ativan 0.5 mg to Resident #6 to get him to calm down.

Interview with the Special Care Coordinator (SCC) on 03/11/20 at 4:30 pm revealed:
-Resident #6 had a high low bed.
-Resident #6 had 2 fall mats.
-There was no increased supervision ordered for Resident #6.
-Staff were responsible to know the location of Resident #6.
-Staff should also try to keep the resident in a centralized location to be able to keep an eye on him.

Observation of Resident #6 on 03/11/20 at 3:42 pm revealed Resident #6 was standing up alone

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 10 by the back door of the big dining hall. Interview with a third PCA on 03/11/20 at 3:42 pm revealed: -Resident #6 normally laid down during this time. -She had no idea why Resident #6 was out of the bed. -Resident #6 usually laid down in his bed after lunch. -Somebody should have been walking with him. -There was no reason that Resident #6 should have been in the big dining hall alone. -Resident #6 should have been lying in bed or getting ready for snack. Interview with Resident #6's Hospice Nurse (HN) on 03/12/20 at 9:25 am revealed: -She was the Hospice Nurse for Resident #6. -The resident had been with hospice since 01/16/20. -She visited with Resident #6 once a week or PRN if the resident had a fall. -She came to the facility every day to visit with Resident #6 and/or other hospice residents at the facility. -She knew that the resident had a fall on 03/11/20 causing a skin tear to his left elbow. -She dressed the skin tear on Resident #6's elbow. -Resident #6 became agitated a lot. -She left a message with Resident #6's responsible person about her visit with Resident #6 the day of the fall. -Resident #6 was forgetful and could not see. -Resident #6 was hard to redirect. -Resident #6 sometimes refused care. -She was thinking of possibly getting a chair alarm for Resident #6. -The facility typically called to notify her of any falls that Resident #6 had.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 11 -The facility should notify her every time the resident had a fall. -She had record of two falls that the facility reported to her dated 02/02/20 and 03/11/20. -Hospice was not notified of Resident #6's fall on 02/05/20, 02/22/20, 03/02/20, and 03/09/20. Interview with a MA on 03/12/20 at 10:04 am revealed: -Resident #6 had a bedside fall mat. -Resident #6 was under 30-minute checks. -The staff did not log the 30-minute checks. -She could not recall all of Resident #6's falls. -She was only told by management to be sure that Resident #6's fall mat was out when Resident #6 was in the bed. -When Resident #6 was up staff should make sure that they were able to see him and were with him. -If Resident #6 stood up staff should make sure that his wheelchair was locked. -Staff also encouraged Resident #6 not to stand. -If a resident fell, it was protocol for staff to assess the resident, check vitals, and not move the resident. -If a resident fell, staff needed to call the Emergency Medical System EMS and notify the responsible person and the SCC. -Resident #6 had always wanted to get up and walk on his own. -Resident #6 was more combative now. -Staff had been trying to keep Resident #6 in the common areas where he could be seen. -If there was an order for increased supervision for a resident the SCC would put it in the computer, and it would pop-up on the computer screen when the MA logged in. Interview with the Director of Resident Care (DRC) on 03/12/20 at 11:43 am revealed:	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 12 -A fall was "when a resident goes from one plain to another plain." -She did not recall seeing an actual falls policy for the facility. -The falls protocol in the event of a resident fall was to assess the resident, take the resident's vitals, notify the resident's responsible person and PCP. -The MA usually performed the assessment on a resident in the event of a fall. -All residents were checked on at the change of shifts and every 2 hours. -Resident #6 was under 15-minute checks, but there was no documentation of the checks. -It was hard to document 15-minute checks. -When Resident #6's falls increased the resident's PCP recommended hospice as an intervention. -She could not recall if the facility put anything into place after Resident #6's fall on 01/05/20. -Resident #6 was never admitted into the hospital for any of his falls. -She did not know if the facility put interventions into place after Resident #6 had two falls on 01/07/20. -The facility would not implement one-on-one supervision for residents. -Hospice was made aware of all of Resident #6's falls. -A wheelchair was put into place for Resident #6 to try to get the resident not to stand as much, but she did not know the exact date. -The wheelchair intervention worked for a while. -Resident #6 could still walk. -Sometimes staff would walk with Resident #6. -If a resident was admitted to hospice, the facility notified hospice of all falls that the resident had. -The facility should notify the resident's PCP of all falls. -The facility "let hospice make the final say on	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 13	D 270		

what to implement" for Resident #6.
-After Resident #6's fall on 01/07/20 the 15-minute checks continued.
-After Resident #6's fall on 02/22/20 hospice was notified.
-Hospice was reviewing certain medications ordered for Resident #6 because of the number of falls that he had.
-The Hospice nurse usually informed the SCC of any changes for Resident #6.
-She did not know of any interventions for Resident #6 from hospice.
-She believed that some of Resident #6's falls could have been prevented if staff kept Resident #6 active and kept him where he could have been watched in an open area.
-For now, the facility coulf assist Resident #6 back to his wheelchair, redirect the resident, and keep eyes on him.
-The facility staff as a team are all responsible for preventing Resident #6 from falling.
-The facility was using outside sources such as hospice and home health to support Resident #6.
-On 03/06/20 the facility had an all staff meeting on understanding falls, documentation of falls, redirections, and resources.
-She completed the incident reports and she could see the increase of falls that Resident #6 was having.
-Staff were to do 24-hour shift reports, more education, more thorough progress notes.
-The facility could find activities that would keep the Resident #6 engaged.
-The ED was aware of the increased falls that Resident #6 had.
-Staff never discussed interventions in their "stand-up" meetings regarding Resident #6's falls.

Interview with Resident #6's POA on 03/12/20 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 14 1:03 pm revealed: -He was aware of all the falls that Resident #6 had. -The facility notified him every time Resident #6 had a fall. -The resident had close to 10 falls since 01/01/20. -Resident #6's health was declining. -The facility was concerned about supervision of Resident #6, which was why the PCP ordered hospice. -He was notified of Resident #6's falls on 03/09/20 and 03/11/20. -Resident #6 thought that he could still walk. -Hospice contacted him when they visited Resident #6 to inform him of what they did with the resident. He had a care plan meeting with facility staff about Resident #6 about a month ago. -No interventions for Resident #6 were mentioned in the care plan meeting. -Hospice called him today and mentioned getting Resident #6 a wheelchair alarm. -They could have done a wheelchair alarm a long time ago had he known that there was such a thing. Interview with a receptionist Resident #6's PCP's office on 03/12/20 at 3:03 pm revealed: -The facility was supposed to report all falls to their office. -If the resident was not injured the PCP would assess the resident during their next visit to the facility. -If the resident is injured from a fall, the facility needs to send the resident to the emergency room and the physician will look at the resident during their next visit to the facility. -The facility reported that Resident #6 had a fall on 01/05/20, 01/09/20, 02/02/20 and was sent out to the ER.	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 15 -The facility reported that Resident #6 had an unwitnessed fall on 03/09/20. -On 01/08/20, the PCP ordered skilled nursing services and falls risk, teaching the family and staff about falls, a high low bed and fall mat for Resident #6. -There was documentation dated 01/20/20 in Resident #6's file from hospice that the facility staff should assist the resident with transfers, standard fall precautions and a fall mat. -There was documentation dated 03/11/20 in Resident #6's file from hospice requesting a wheelchair alarm for Resident #6. -The PCP's office was not notified of Resident #6's falls on 01/07/20 (first fall), second fall on 01/07/20, 02/05/20, 02/22/20, 03/02/20, and 03/11/20. Interview with the Administrator on 03/12/20 at 4:25 pm revealed: -The facility's fall policy in the event of a resident fall was for the DRC to do a body assessment on the resident. -MA should document the fall and give to the DRC. -She did not know what services the facility was providing to Resident #6. -Resident #6 was a falls risk. -She remembered that Resident #6 had a skin tear to his finger from a fall. -Staff could not keep watch on Resident #6 24/7. -When Resident #6 had two falls on 01/07/20 staff had discussed possibly sending the resident to a skilled nursing facility, but he did not qualify for a skilled facility. -When Resident #6 had a fall on 01/09/20 she assumed that his PCP was notified. -She did not know what interventions were put into place. -She would have to look to see what interventions	D 270		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 16	D 270		

his PCP ordered.
-The facility was a restraint free facility and could not put a restraint on the resident.
-The facility looked to his PCP for guidance on what to do for Resident #6.
-After Resident #6 fell on 02/05/20 she did not instruct staff on any interventions for the resident.
-She was aware that Resident #6 had a lot of falls.
-After Resident #6 fell on 02/22/20, she did not instruct staff on any interventions for the resident.
-She assumed that his PCP would give guidance on what interventions Resident #6 needed.
-After Resident #6 fell on 03/02/20, she did not instruct staff on any interventions for the resident.
-She would have to look to see what his PCP suggested.
-She was not aware that Resident #6 fell on 03/09/20.
-She generally found out about resident falls in the staff's daily "stand up" meetings.
-A PCA informed her of Resident's #6's fall on 03/11/20.
-She thought that Resident #6 needed to see a neurologist to check for any disorders because this was what she was accustomed to seeing physician's order at the facility in her previous position as an Administrator.
-Maybe the facility could get Resident #6 a "lap buddy."
-All residents were checked every 2 hours.
-Staff was always looking at Resident #6.
-The resident should not have fallen as much as he had.
-She would have to check to see if the facility had a falls policy.
-The facility had a Falls Committee.
-The Falls Committee discussed falls during staff "stand-up" meetings.
-She was sure that the Falls Committee said

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 270	Continued From page 17 something about Resident #6's falls. -She would have to look at the sheet from the Falls Meetings to see what was discussed about Resident #6. -PCAs were responsible for preventing Resident #6 from falling. -She needed to speak with Resident #6's PCP to come up with a plan for what can be done for Resident #6 to prevent his falls. _____ The facility failed to provide supervision to Resident #6 who was constantly disoriented, diagnosed with dementia, and semi-ambulatory. This failure resulted in Resident #6 having ten falls within three months with injuries to Resident #6's fingernail, a cut to his face, a contusion to his scalp, skin tears on his elbows and a head injury. This failure resulted in substantial risk of serious injury to Resident #6 and constitutes a Type A2 Violation. _____ A plan of protection was requested in accordance with G.S. 131 D-34 on 03/26/20. CORRECTION DATE FOR THE TYPE A2 VIOLATION SHALL NOT EXCEED APRIL 11, 2020.	D 270		
D 276	10A NCAC 13F .0902(c)(3-4) Health Care 10A NCAC 13F .0902 Health Care (c) The facility shall assure documentation of the following in the resident's record: (3) written procedures, treatments or orders from a physician or other licensed health professional; and (4) implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this	D 276	**NCAC 13F .0902 (c)(3-4) HEALTHCARE** The Facility shall assure documentation of the following in the resident's record: written procedures, treatment or orders from a physician or other licensed health professional, and implementation of procedures, treatments or orders specified in Subparagraph (c)(3) of this rule. Communication with the physician, and 3rd party providers will be made in the progress notes. New orders received will also be noted in the progress notes	

RCC, SCC, or DRC will complete these tasks. SS amended 5/6/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 276	Continued From page 18 Rule. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to ensure physician's orders were implemented for 2 of 7 sampled residents (Resident #2) related to care for an ingrown toenail and (Resident #3) related an order for weekly weights. The findings are: 1. Review of Resident #2's current FL-2 dated 09/13/19 revealed diagnoses included hypertension, diabetes mellitus, gait impairment, Parkinson's disease, anemia, osteoarthritis, and insomnia. Review of Resident #2's physician's order dated 03/03/20 revealed: -Remove dressing on the left great toe on 03/04/20. -Wash toe with soap and water and pat dry, dress with triple antibiotic ointment and apply a dry dressing daily for 10 days. -Watch for signs of infection and call the provider if infection noted. Review of Resident #2's physician's encounter form dated 03/03/20 revealed: -Resident #2 was seen by the podiatrist on 03/03/20 for routine foot care.	D 276	Orders are procured via e-scribe or written prescription. These orders are processed via the "bucket system". Meds which have been approved but not arrived, move from the orange bucket, to the red bucket for follow-up by the care manager or SIC to ensure the medication has arrived from the pharmacy. If medications have not arrived, and are not available for administration will have medication error reports completed in Matrixcare as indicated. RCC and MCC initiate the bucket system. The MAs follow-up on the bucket system. SS-amended 5/6/20 Administration compliance is by quick reference on the Dashboard in MatrixCare, and through the Administration Compliance Report in MatrixCare. Administration compliance report will be monitored daily by the RCC, SCC, DRC and ED daily during standup. Med error reports not completed by qualified mediation staff will be completed as indicated by Care Managers and DRC. Medication Errors are discussed during the Weekly at Risk Meetings, and Monthly during QA. The RCC, SCC and DRC are responsible for the completion, accuracy and follow up of medication variances. Weights are monitored monthly, unless otherwise ordered by the physician. Variance of (+) (-) 5lbs will be reweighed. Once completed, any variance of 5% in one month or 10% in 6 months will be noted as a significant change with the Weight Notification form completed and sent to the physician for review. Follow up will be in the progress notes, with new orders noted as	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 276	Continued From page 19 -Resident #2 had a hallux with incurvated border nail (ingrown toenail) with gross fungal infection. -A nail plate avulsion was performed (a procedure to remove the nail plate in treating an ingrown toenail). -Care instructions for the toenail fungus were provided. Review of Resident #2's March 2020 electronic Medication Administration Record (eMAR) revealed: -There was an entry for removing the dressing on the left great toe, wash with soap and water. Dress with antibiotic ointment and dry dressing every day for 10 days and watch for signs of infection and call provider if infection was noted with a scheduled administration time of 10:00am. -There was documentation wound care was provided on 03/06/20-03/07/20, 03/09/20-03/12/20. -There was documentation wound care was not provided on 03/05/20; there was no exception documented. -There was documentation wound care was not provided on 03/08/20; there was an exception documented as resident refused. Observation of Resident #2's medications on hand on 03/10/20 at 3:04pm revealed: -One tube of triple antibiotic cream with a dispense date of 03/04/20. -The tube of triple antibiotic cream had not been opened. Interview with the Resident Care Coordinator (RCC) on 03/10/20 at 3:04pm revealed the medication aides (MA) had probably used Resident #2's prn tube (as needed) of triple antibiotic ointment.	D 276	indicated. The RCC, SCC, DRC and ED will review weekly during at risk and Monthly during QA. Significant changes will have updated care plans and referral if indicated. RCC, SCC, or DRC will update the care plans and refer necessary changes. SS- 5/6/20 amended Type text here The Executive Director is responsible for the overall monitoring and ensuring the meetings occur as outlined above. **Date of Completion May 8, 2020**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 276	Continued From page 20 Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 03/11/20 at 8:20am revealed: -Resident #2's triple antibiotic ointment was dispensed on 03/04/20 with instructions to apply to left great toe daily. -Resident #2 had a tube of triple antibiotic ointment dispensed on 05/21/19 with instructions to apply the affected area every day for 7 days. -Triple antibiotic ointment was used to prevent infections. Interview with Resident #2 on 03/10/20 at 5:28pm revealed: -The podiatrist cut her toenail last week (she did not recall the exact date.) -The staff had not applied triple antibiotic cream to her toe. -Her toe was not covered with a bandage until today, 03/10/20. -The staff had not applied a dressing to her toe until today, 03/10/20. -She "went down the hall" and asked the MA to dress the toe today, 03/10/20. Interview with Resident #2's family member on 03/10/20 at 5:28pm revealed: -He had scheduled Resident #2 to see an outside provider for a second opinion on Resident #2's foot care. -The podiatrist told the family member he could tell Resident #2's toe had an infection in it but was okay now. -The podiatrist applied triple antibiotic ointment and dressing. Interview with Resident #2's Nurse Practitioner (NP) on 03/11/20 at 11:45am revealed: -She had not seen Resident #2 since the toenail had been cut so she was not familiar with the	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 276	Continued From page 21 order for triple antibiotic cream and dry dressing. -The order would have been written to prevent infection. -If treatment was scheduled, it would be expected to be administered as ordered. Second interview with Resident #2 on 03/11/20 at 11:24am revealed the dressing on her toe was changed today 03/11/20 after breakfast. Second observation of Resident #2's medications on hand on 03/11/20 at 11:10am revealed: -There was one tube of triple antibiotic cream with a dispense date of 03/04/20. -The tube had been opened. Interview with a MA on 03/11/20 at 11:12am revealed: -Resident #2 only had one tube on triple antibiotic cream on the medication cart. -The pharmacy usually only dispensed one tube at a time and when the tube was used halfway, he would reorder. -He had applied triple antibiotic cream and gauze to Resident #2's toe today, 03/11/20, around 10:00am. -He did not recall when he had last worked with Resident #2. Interview with a second MA on 03/11/20 at 11:18am revealed she had not worked with Resident #2 since she had an order for triple antibiotic cream and a dry dressing. Telephone interview with a third MA on 03/12/20 at 9:40am revealed: -Resident #2 was alert and oriented. -Resident #2 never complained about anything. -Resident #2 did not refuse anything but Resident #2 did ask her one day (she did not recall the	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 276	Continued From page 22 day) to come back at a later time to do the toe dressing because she was laying down. -She could not recall the last time she did wound care on Resident #2's toe. -Resident #2's toe needed to be cleaned and dressed. -When she did the care on Resident #2's toe she used a spray bottle that was used for skincare and dressed the toe in gauze and a brown wrap; she wrote her name and date on the dressing. -She did not recall if she put any cream on the toe; she did whatever was on the eMAR computer screen. -The order popped up on the eMAR screen every day. Interview with the Resident Care Coordinator (RCC) on 03/12/20 at 10:00am revealed: -Resident #2 was "pretty accurate" about most things. -She could not think of anything Resident #2 would not be accurate about. -Resident #2's primary care provider (PCP) took the dressing off Resident #2's toe during a routine visit on Monday, 03/09/20. -She redressed Resident #2's toe on 03/09/20. -She sprayed Resident #2's toe with wound cleaner and applied triple antibiotic cream before dressing the toe. -She used the house stock of triple antibiotic cream. -She did not know why Resident #2 would say her toe care had not been done daily. -She had entered the time for Resident #2's toe care to be done before 10:00am so treatments did not interfere with the medication pass. -She found doing treatments later worked better. Interview with the Director of Resident Care (DRC) on 03/12/20 at 10:58am revealed:	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 276	Continued From page 23 -Resident #2 would be considered a good historian. -She knew the podiatrist had seen Resident #2. -She was not aware of Resident #2's order to wash and dry toe, apply triple antibiotic cream and dry dressing. -If treatment was not done at the scheduled time, it would be red on the eMAR computer screen. -All treatments should be done with the scheduled medication pass. -She expected staff to follow orders as written by the physician. -Not following Resident #2's orders for toe care put Resident #2 at risk for infection. Interview with Resident #2 on 03/12/20 at 11:58am revealed the RCC had changed the dressing on her toe a few minutes ago. Interview with the RCC on 03/12/20 at 12:00 revealed: -She changed the dressing on Resident #2's toe "about 20 minutes ago." -She knew the dressing had not been changed because the procedure was "red" on the eMAR computer screen. Telephone interview with a MA on 03/12/20 at 12:40pm revealed: -He did not complete Resident #2's toe dressing before he left the facility today, 03/12/20. -He left the facility after 9:00am, but before 9:30am. -He did not tell anyone he did not complete Resident #2's toe dressing. -Whoever took over for him as a MA would see the toe dressing had not be done on the eMAR computer screen. -The toe dressing should show on the eMAR computer screen until 11:00am.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 276	Continued From page 24 Interview with the Administrator on 03/12/20 at 3:30pm revealed: -She knew the podiatrist had seen Resident #2 on her last visit to the facility because it was discussed in the morning stand up meetings. -She was concerned Resident #2's order for toe care was not being executed correctly. -She expected the MAs to know what they were doing. -She held the MAs ultimately responsible for following orders correctly. 2. Review of Resident #3's current FL-2 dated 02/21/20 revealed diagnoses included acute upper gastrointestinal bleeding with possible esophagitis, hyperkalemia, hypertension, and advanced Alzheimer's dementia. Review of a physician's order dated 11/19/19 revealed: -There was a documented weight for September (no year) of 123.5 pounds and a documented weight for November (no year) of 114.3 pounds. -There was an order to weigh Resident #3 weekly for one month. Review of Resident #3's weight report dated 08/01/19 to 2/10/20 revealed: -There were weights documented once a month for every month except November 2019; there were no weights documented for November 2019. -There was documented weight for 10/17/19 of 123.5 pounds and a documented weight for 12/15/19 of 94 pounds. -There was a documented weight for 01/15/20 of 106 pounds. Observation of Resident #3 on 03/12/20 at	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 276	Continued From page 25 3:12pm revealed: -Resident #3 was taken to a wheel chair accessible scale by a personal care aide (PCA). -The PCA removed the Resident #3 from her wheel chair and placed the wheel chair on the scale; the chair weighed 36 pounds. -The PCA set the tare weight on the scale so the weight of the wheel chair would be subtracted from the total weight of the resident and the wheel chair while seated in the wheel chair. -Resident #3 was returned to her wheel chair and then weighed on the wheel chair scale while sitting in the wheel chair; the scale reading was 101.5 pounds. Interview with Resident #3's primary care provider (PCP) on 03/11/20 at 11:39am revealed: -She was concerned Resident #3 had shown a constant change in weight and she wanted to monitor her weight for a significant change. -She also wanted weekly weights done to see if the documented weight loss was correct. -There were variables that could have affected Resident #3's change in weight; variables could include time of day, clothing, and if shoes were worn. -She had no weights documented for Resident #3 at the PCP's office. -She considered a loss of five to seven pounds per month to be significant. -She expected the order to weight Resident #3 once a week for a month to have been followed at the time of the order. Interview with a personal care aide (PCA) on 03/12/20 at 3:12pm revealed she did not usually weigh residents; she weighed Resident #3 that day because the Special Care Coordinator (SCC) had asked her.	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 276	Continued From page 26 Interview with a second PCA on 03/12/20 at 3:15pm revealed: -He weighed residents when the SCC told him to. -He documented the weights on a piece of paper and gave the paper to the SCC. -He did not remember the residents' weights from month to month. Interview with the SCC on 03/21/20 at 3:21pm revealed: -The residents in the Special Care Unit (SCU) were all weighed once a month. -The PCAs weighed the residents, and sometimes she weighed residents. - After all the residents were weighed, she entered the weights into the electronic medication administration record (eMAR). -She would review the residents' weights as she entered them into the eMAR. -The weights were not visible on the eMAR but were on a separate report for weights. -The facility did not have a weight policy. -She was responsible for notifying the PCP if a resident had a significant weight loss. -She considered a five-pound weight loss in 30 days to be a significant weight loss. -She was not concerned about a steady weight loss of three to four pounds over several months. -Resident #3 was not always weighed at the same time of day so her weight could change because of the time of day she was weighed. -She did not know why Resident #3 did not have a documented weight on the weight report for November 2019. -She did not know about the order for weekly weights for Resident #3; she must have missed the order. -She was responsible for making sure the PCP's orders were followed. -Resident #3's PCP had not talked to her about	D 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 276	Continued From page 27 the weekly weights or about any concerns for Resident #3's weight. -Resident #3 had lost weight at one time but the resident was beginning to gain weight. -Resident #3 weighed 106 pounds on 03/05/30. Interview with the Administrator on 03/21/20 at 6:04pm revealed: -The SCC was responsible for ensuring physicians' orders were followed. -The medication aides (MAs) were responsible for entering weights in the eMAR and for monitoring a resident's weight for loss or gain. -She did not know of a weight policy for the facility. -The PCAs weighed the residents once a month. -She did not know what would be considered a significant weight change. -A resident's weight could change based on several things including fluid retention or diagnoses; the PCP should be reviewing residents' weights during visits. Based on observations, record reviews and interviews it was determined Resident #3 was not interviewable.	D 276		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by:	D 283	**NCAC 13F .0904 (a)(2) Nutrition and Food Service** All foods and beverages being procured, stored, prepared or served by the facility shall be protected from contamination. The kitchen cooler was cleaned out on 04/01/2020. All items note opened and not dated were discarded, included but not limited to, oranges, picante sauce, turkey bacon, sliced deli ham, lime juice and diced potatoes.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 283	Continued From page 28 Based on observations, and interviews the facility failed to ensure foods were free from contamination related to a scoop stored inside of bulk food containers with food, bulk food containers not dated and labeled, expired and spoiled food, open food packages that were not labeled or dated, foods not labeled or marked with an expiration date, leftover food not labeled or dated and dirty shelves and floors. The findings are: Observation of the kitchen cooler on 03/10/20 at 8:56am revealed: -There was a plastic container of sections of oranges covered in plastic wrap that was not labeled or dated. -There was an opened plastic bottle with manufacturers label for picante sauce with a hand-written date of 12/18 with mold growing on the inside of the bottle. -There was an opened pack of turkey bacon loosely wrapped in plastic wrap that was not labeled or dated. -There was sliced deli ham in a resealable plastic bag that did not have a label or date on it. -There was a bottle of lime juice with a best by date of 01/14/20. -There was a large sheet pan with diced potatoes spread on it without a label or a date. Observation of dry storage area in the kitchen on 03/10/20 at 9:38am revealed there were 5 plastic containers of cereal that had been removed from its original packaging that had no label or date. Interview with the Dietary Manager (DM) on 03/10/20 at 9:23am revealed: -She expected the staff that opened a food item to date the item when opened.	D 283	The kitchen was deep cleaned on DH 04/7/2020. Items discarded included sugar, a new bin or sugar was opened, scoop was cleaned, and clean scoop was placed in a plastic bag on top of bin. Cold foods will be stored in accordance with food safety guidelines. Cold foods opened, will be labeled with the date, time and name of item stored. A copy of "First In First Out" guidelines is available in the kitchen for reference. Staff was in-serviced on the above, on 4/7/20- SS amended 5/6/20. Opened items, specifically meats will be stored on a lower shelf to prevent cross contamination. On 4.27.20, all dietary employees were re-trained on the Food Service Orientation Manual from the Department. Certificate of completion will be in their employee record. A cleaning schedule was implemented on DH 04/7/2020. Shift specific tasks were identified. Dietary manager will monitor bi-weekly x 4 weeks. Review will take place weekly x4 during the at risk meeting and monthly during QA thereafter **Date of Completion 5.22.20**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 283	Continued From page 29 -Food that had been opened is usually discarded in 15 days. -She opened the turkey bacon on 03/09/20. -She was " ...rushing and didn't date ..." the turkey bacon at the time of opening. -The Picante sauce was "starting to grow stuff" and "Just got overlooked". Observation of the main kitchen area on 03/11/20 at 8:30am revealed: -There was a metal scoop in the plastic bin of sugar. -There were plastic milk crates turned upside down on the floor to support the chemicals used for dish washing. -There was debris under and between the crates. -There was a yellow liquid with debris in it on the floor between a table and the stove. -There was a thick layer of gray dust, food debris and a small souffle cup on the floor under the stove. -There were two food preparation tables had bits of food, black and yellow debris and a black film on the floors under them. -There was a build-up of a black film that went up the baseboards behind the food preparation tables. -There was a sticky yellow film and rust on a solid shelf under a food preparation table; there was a box of coffee and a slow cooker stored on the shelf. -There was a build-up of dust, splattered liquids and a sticky film on a shelf above a food preparation table; the shelf had assorted jars of spices and bottles of liquid food items stored on it. Observation of the freezer on 03/11/20 at 9:12am revealed that raw ground beef, raw sea scallops and raw cod fillets were stored on a shelf over a	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 283	Continued From page 30 dated plastic container of cooked chicken, two boxes of roasted diced chicken and a box of hotdogs. Interview with the evening cook on 03/12/20 at 4:22pm revealed: -She checked the food items in the walk-in cooler every Sunday for expired, undated and unlabeled food. -She discarded any food items that were not dated, were out of date and had expired. -All leftovers were supposed to be dated and labeled before they were placed into the walk-in cooler and discarded after five days. -She swept and mopped the kitchen daily at the end of the night. -The bulk food containers were cleaned in the three compartment sink and air dried when the food was used and before refilling. -The bulk food containers were dated and labeled when they were refilled. -The scoops were stored on the lid of the bulk food containers; the scoop was not supposed to be store inside of the food container. -She did not know about the deep cleaning of the floor because the DM did the deep cleaning. A second interview with the DM on 03/12/20 at 12:40pm revealed: -She expected staff to date the food items at the time of opening. -Food items were discarded after 3, 5 or 7 days depending on the item. -Meats were discarded after 3 days. -She expected staff to know when to discard items because all staff had Serve Safe certification. -Second shift staff were responsible for cleaning out the cooler, freezer and dry storage areas and discarding outdated items on Sunday.	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 283	Continued From page 31 -She expected floors to be swept and mopped daily. -The floors were deep cleaned once a month with a pressure washer; the floors were deep cleaned three weeks ago. -She did not know dry items such as flour, sugar and breading were supposed to be dated as well as labeled. -She did not know cereal was supposed to be labeled and dated once it was removed from the manufactures' packaging. -She was aware that items to scoop goods from a container were not to be stored inside the container. -Containers were washed as they became emptied prior to refilling. -The plastic sugar container got washed approximately every other week. -She relied on observation and visual inspection to notice debris and prompt cleaning of lids. -She was aware that raw food was not to be stored over fully cooked foods. -She was not aware that ground beef was stored over fully cooked hot dogs and chicken. -She knew items should be stored at least 6 inches off the floor in a way that sweeping and mopping underneath was possible. -She knew the milk crates had not been cleaned underneath. -There was no assignment for cleaning in the kitchen; deep cleaning was done by the kitchen staff as they saw it needed to be done. -It was her responsibility to ensure cleaning was completed. Interview with the Administrator on 03/12/20 at 4:59pm revealed: -She expected the DM to ensure cleaning is completed in the kitchen. -She expected food items to be discarded 3 to 7	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 283	Continued From page 32 days after being opened. -She walked through the kitchen everyday and looked around the kitchen to be sure it was clean. -She did not look in the walk-in cooler "that much" but when she did she looked for dates and labels on food. -She looked at the food stored in the walk-in cooler a week ago. -There were cleaning check list for the kitchen staff and the DM to follow; the lists were for weekly and monthly cleaning.	D 283		
D 287	10A NCAC 13F .0904(b)(2) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (b) Food Preparation and Service in Adult Care Homes: (2) Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork, spoon, plate and beverage containers. Exceptions may be made on an individual basis and shall be based on documented needs or preferences of the resident. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the residents were provided with a non-disposable place setting, including a fork, a spoon, a knife, and a non-disposable plate. Review of the dinner menu for 03/10/20 revealed egg salad sandwich, basil tomato soup, chips and peaches with milk were to be served to the residents.	D 287	**NCAC 13& .0904 (b)(2) Nutrition and Food Service** Food Preparation and Service in Adult Care homes. Table service shall include a napkin and non-disposable place setting consisting of at least a knife, fork spoon, plate and beverage container, exceptions may be made on an individual basis and shall be based upon the documented needs or preferences of the resident. All residents will be provided with a non-disposable place setting of a knife fork, spoon plate and beverage container. Any changes in menu will be noted on the meal substitution log and maintained for a minimum of 2 years. Meal substitution log will be reviewed weekly during at risk and monthly during QA. The dietary manager is responsible for the maintenance of the substitution log. The Executive Director is responsible for the adherence to the meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 287	Continued From page 33 Observation of the dinner meal on 03/10/20 at 5:30pm in the Special Care Unit (SCU) dining room revealed: -Egg salad sandwiches cut in half, single serving bags of potato chips, cream of mushroom soup and sliced peaches were served. -There were 28 residents in the dining room. -There were forks at each place setting with a paper napkin. -There were no knives at any place setting. -There were 2 place settings with a spoon. -Residents were served cream of mushroom soup. -Peaches removed from the original store bought bulk container were served in disposable 4 ounce bowls. -A resident was attempting to eat soup with a fork. -Spoons were passed out to residents at 5:49 once all residents had been served. Observation of dinner meal service in the Assisted Living (AL) dining room on the ground floor of the facility on 03/10/20 at 5:52 pm revealed: -There were 45 assisted living residents in the dining room. -A dietary aide brought a tray of disposable bowls with peaches in each bowl from the kitchen. -The disposable bowls with peaches were given to each resident present in the dining room. Observation of the lunch meal in the SCU dining room on 03/12/20 at 12:17pm revealed sliced pumpkin pie was served to all the residents on disposable plates. Observation of the lunch meal service in the AL dining room on 03/11/20 at 1:21pm revealed a slice of pie was served on disposable plates.	D 287	**Date of Completion: May 1st 2020** Nutrition and Food Service – Food Service Requirements in Adult Care homes: Each resident shall be served a minimum of three nutritionally adequate, palatable meals a day at regular hours with at least 10 hours between the breakfast and evening. On 04/15/2020. An inventory of plates, dinner plates, utensils, and glassware was performed. Supplies were ordered as indicated. In-service was held on 4/28/20, for all regarding resident's rights and food service requirement. Rule area .0904 was covered, as well as the food service training manual developed by the department. Certificates are in the employee training file. On 4.28.20, a report listing all current diet and supplement orders located in Matrixcare was run for audit. List will be compared to hard medical record, and to supplements being provided by families. This list will also be compared to what	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 287	Continued From page 34 Interview with two AL residents on 03/12/20 at 8:46am revealed: -Various food was served in styrofoam containers 2-3 times per week. -The food served in styrofoam bowls was not good, "it changed the taste of the food." -They did not like eating out of styrofoam containers. Interview with PCA on 03/12/20 at 11:20am revealed: -Fruit was served in disposable bowls 2 to 3 times per week. -There were times that there were not enough knives sent to the floor from the kitchen. -She was aware there should be a knife, fork and spoon at each place setting. Interview with the Dietary Manager (DM) on 03/12/20 at 12:26pm revealed: -Utensils were placed on the cart by the kitchen staff. -He knew residents were supposed to have a fork, knife and spoon for every meal. -The PCAs set the dining room tables in the SCU so they were responsible for placing the silverware out the tables for the residents. -Knives were "taken off" the meal service place setting in the past due to safety concerns. -Knives were put back into the place setting once surveyors were in the facility. -She did not know why peaches were served in a disposable bowl but says they were "probably used as a short cut". -She knew disposable bowls and plates were used for serving often. -There was a need to order more reusable plastic cups and small serving plates. -She was responsible for ordering supplies.	D 287	RCC, SCC, and DRC completed these tasks. -SS, amended 5/6/20 dietary has posted in the kitchen. Variances will have clarification obtained from the physician, with updates to the plan of care as indicated. An all staff in-service was held on 4/28/20 for all staff regarding menus and process to follow if menu did not match what was being served. In addition to the above, items addressed were as follows: • Menus • Substitution Log • Resident rights • Modified Diets • .0904 • Provision of Milk to residents • Thickened liquids **Date of Completion May 8, 2020**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 287	Continued From page 35 Interview with the Administrator on 03/12/20 at 3:22pm at revealed: -She expected the residents to have an entire set-up of silverware at every meal no matter what was served. -She was not aware the PCAs had not provided a knife to residents at meals. -The only exception to always providing a knife at meals was if the resident was combative.	D 287		
D 297	10A NCAC 13F .0904(d)(1) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (1) Each resident shall be served a minimum of three nutritionally adequate, palatable meals a day at regular hours with at least 10 hours between the breakfast and evening meals. This Rule is not met as evidenced by: Based on observations, record reviews and interviews it was determined the facility failed to serve adequately nutritional meals by not serving fruit and the proper portion sizes of food for pureed diets and not serving 100% fruit juice to residents in the Special Care Unit (SCU). The findings are: Review of the dinner menu for pureed diets on 03/10/20 revealed one cup of pureed egg salad sandwich, 6 ounces of tomato basil soup, 1 ounce (oz) of pureed crackers, half a cup of pureed peaches were to be served to the residents with a pureed diet. Observation of the dinner meal in the SCU dining	D 297	Refer to attachment on page 109 - SS 5/13/20 **NCAC 13F .0904 (d)(1) Nutrition and Food Service** Food Service Requirements in Adult Care homes: Each resident shall be served a minimum of three nutritionally adequate, palatable meals a day at regular hours with at least 10 hours between the breakfast and evening. On 04/15/2020. An inventory of plates, dinner plates, utensils, and glassware was performed. Supplies were ordered as indicated. Inservice was held on 4/28/2020, for all regarding resident's rights and food service requirement. Rule area .0904 was covered, as well as the food service training manual developed by the department. Certificates are in the employee training file. 4/28/20	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 297	Continued From page 36 room on 03/10/20 at 5:58pm revealed there were five residents who were served half a cup of pureed sandwich, 4 oz of cream of mushroom soup, a half a cup of yogurt and a beverage. Interview with the evening cook on 03/10/20 at 6:00pm revealed: -She used a 2 oz scoop and placed two scoops of pureed turkey sandwich on the plate for the residents on a pureed diet. -She used a 4 oz scoop to serve the soup for the residents on a pureed diet. Interview with a personal care aide (PCA) in the SCU dining room on 03/10/20 at 6:20pm revealed: -She would give the residents on a pureed diet yogurt from the SCU pantry because pureed fruit was not available. -Sometimes the kitchen staff forgot to puree the fruit when it was on the menu or not send pureed fruit to the SCU dining room. Observation during the dinner meal service on 03/10/20 at 5:50pm revealed: -Menu consisted of egg salad sandwiches, basil tomato soup, chips, milk and peaches. -Residents on regular texture diets were served sliced peaches. -There was no texture modified peaches to be served to residents. -Those residents on a modified texture diet. Review of menu for 03/11/20 read cheesy scrambled eggs, hash browns and sausage link, fresh fruit, 100% juice and milk were to be served for breakfast. Observation of the breakfast meal in the SCU dinning room on 03/11/20 at 8:40am revealed:	D 297	On 4.28.20, a report listing all current diet and supplement orders located in Matrixcare was run for audit. List will be compared to hard medical record, and to supplements being provided by families. This list will also be compared to what dietary has posted in the kitchen. Variances will have clarification obtained from the physician, with updates to the plan of care as indicated. An all staff in-service was held on 4/28/2020 for all staff regarding menus and process to follow if menu did not match what was being served. In addition to the above, items addressed were as follows: • Menus • Substitution Log • Resident rights • Modified Diets • .0904 • Provision of Milk to residents • Thickened liquids **Date of Completion May 8, 2020**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 297	Continued From page 37 -Residents on a pureed diet were served pureed eggs, mashed potatoes, pureed sausage and cranberry juice. -There was no pureed fruit for the residents on a pureed diet to eat. Observation of the kitchen on 03/11/20 at 9:14am revealed the cranberry juice the kitchen staff served was 25 percent fruit juice and the apple juice was 100 percent fruit juice. Interview with the Dietary Manager (DM) on 03/11/20 at 8:58am revealed: -She prepared the pureed menu items for the breakfast meal that day. -She forgot to puree the fruit for the breakfast menu; the PCAs on the SCU would give the residents yogurt if she forgot to make pureed fruit or she would send applesauce. -The juice for the SCU that morning was an apple juice and a cranberry juice blend; blending the juices cut down the percentage of fruit juice the residents received. -She was not aware the residents on a pureed diet did not receive pureed fruit the night before. Observation of breakfast meal service on 03/11/20 at 8:50am revealed. -One orange wedge with peel on served to residents on a regular texture diet. - There was no fruit served to those residents on a texture modified diet. -Resident #8 was ordered a regular mechanical soft diet and was served 1 hash brown and 1 link of breakfast sausage. -No substitutions were made for eggs. Interview with the DM on 03/11/20 at 8:59am revealed: -She was aware that Resident #8 was not to have	D 297		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 297	Continued From page 38 eggs. -She did not offer any substitute in place of the egg portion. -She expected the staff on the floor to give him a cereal bar. Interview with a Personal care aide (PCA) on 03/12/20 at 11:20am revealed: -Residents on a pureed or mechanical soft diet would typically receive apple sauce, pudding or ice cream in place of the fruit or dessert as stated on the menus. -She had seen pureed or mechanical soft prepared desserts from the kitchen on occasion. Interview with Dietary Manager (DM) on 03/12/20 at 12:26pm revealed: -There was a production sheet available for reference in the kitchen when she plated food for the residents. -She knew residents on a texture modified diet should receive the same desserts and fruits as other residents with the texture modified in the kitchen. -She was not aware residents were not receiving full portions of food from the kitchen. -She did not know if fruit had been served to those residents on texture modified diets in place of the orange wedge on the morning of 03/11/20. Interview with the Administrator on 03/12/20 at 5:20pm revealed: -The menu for the pureed diets had the portion sizes to serve on it. -The cooks should follow the menu as their guide when they served all meals. -The KM should insure the cooks were following the menu with the correct portion sizes. -She was concerned the residents in the SCU on pureed diets would be hungry when they were not	D 297		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 297	Continued From page 39 served full portions; the residents on the SCU could not always communicate to the staff if they were still hungry.	D 297		
D 299	10A NCAC 13F .0904(d)(3)(A) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (d) Food Requirements in Adult Care Homes: (3) Daily menus for regular diets shall include the following: (A) Homogenized whole milk, low fat milk, skim milk or buttermilk: One cup (8 ounces) of pasteurized milk at least twice a day. Reconstituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value of the product if too much water is used. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 8 ounces of milk was served to the residents twice daily with meals. The findings are: Review of the menu dated 03/08/20 to 03/14/20 revealed 8 ounces of milk was to be served for the breakfast and dinner meal. Observation of the walk-in cooler in the kitchen on 03/10/20 at 9:01 am revealed; there were seven gallons of 2% milk available. Review of delivery invoices from the contracted food supply company from 02/20/20 to 03/05/20 revealed:	D 299	**NCAC .0904 (d)(3)(a) NUTRITION AND FOOD SERVICE** Daily menus for regular diets shall include the following: Homogenized whole milk, low fat milk, skim milk or buttermilk. One cup of pasteurized milk at least twice per day. Resconsitituted dry milk or diluted evaporated milk may be used in cooking only and not for drinking purposes due to risk of bacterial contamination during mixing and the lower nutritional value if too much water is used. Inservice was held on 04/28/2020. Regarding nutrition and food service .0904. All dietary and resident care staff attended. Executive Director and Dietary Manager reviewed need for 16oz of milk to be provided per resident per day. Dietary manager should take the average daily census, multiple by 16, taking the sum and multiplying by 30 (days per month) to procure the number of ounces needed per month. This number should be divided by 128 to give the number of gallons needed per month. The number of gallons should be divided by the number of orders to procure the number of gallons needed per order. Breakfast and dinner to be monitored by Manager on Duty Daily x2 weeks then twice weekly for two weeks and weekly thereafter to validate staff are offering milk. Refusal forms will be completed on residetns who refuse milk to see if care plan needs to be updated. Refusal forms will be reviewed weekly during at risk meetings and monthly during QA. The Dietary Manager is responsible for food orders, the Resident Care Director is responsible for ensuring the care plans are updated, if indicated, and the Executive Director is responsible for ensuring the plan is executed. The Executive Director will review food orders for compliance on a monthly basis. **Date of Completion: May 8th, 2020.**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 299	Continued From page 40 -Twelve gallons of 2% milk and 50 pints of 2% milk were delivered on 02/20/20 and 02/27/20. -Sixteen gallons of 2% milk and 50 pints of 2% milk were delivered on 03/05/20. Based on the census and the menu the facility required a minimum of 218 eight-ounces of milk a day equaling 13 gallons of milk a day. Observation of evening meal service on the SCU 03/10/20 at 5:58 pm revealed: -There was no milk offered to residents. -Residents received water and kool-aid with their meal. Interview with the personal care aide (PCA) on 03/12/20 at 11:20am revealed: -Residents were always served milk, juice and water at breakfast service. -Residents were served milk, kool-aid and water or tea for lunch and dinner services. Interview with the dietary manager (DM) on 03/12/20 at 12:26pm revealed: -She ordered 4 or 5 cases each week. -There were 4 gallons in each case received. -She ordered 1 case of half pint cartons of mild to be used for cereal each week. -There were 50 half pint cartons in each case. -Milk was served with every meal to residents that like it. -She was aware that milk was supposed to be offered twice daily. -Staff tried to give milk to everyone "for awhile" but milk was being wasted. -Staff give milk when it is requested by the resident. -She was not aware milk had not been offered during the evening meal service on 03/10/20 at 5:48pm. -She rarely runs out of milk.	D 299	Refusal forms will be reviewed weekly during at risk meetings and monthly during QA. The Dietary Manager is responsible for food orders, the Resident Care Director is responsible for ensuring the care plans are updated, if indicated, and the Executive Director is responsible for ensuring the plan is executed. The Executive Director will review food orders for compliance on a monthly basis. **Date of Completion: May 8th, 2020.**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 299	Continued From page 41 -There was not enough storage space to store enough milk. Interview with the Administrator on 03/12/20 at 5:45pm revealed: -She expected milk to be served twice daily. -She expected staff to walk around during meals to offer milk to each resident. -She was not sure if milk is offered by staff in the memory care unit. -She was concerned staff may need re-education regarding offering milk. -Residents in the SCU should be served milk when they could not communicate their needs to the staff.	D 299		
D 310	10A NCAC 13F .0904(e)(4) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (e) Therapeutic Diets in Adult Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to ensure therapeutic diets were served as ordered for 1 of 6 sampled residents (#8) with orders for a mechanical soft diet and 2 of 4 sampled residents (#2, #8) who used nutritional supplements had a written physician's order. The findings are:	D 310	**NCAC 13F .0904(e)(4) Nutrition and Food Service** Therapeutic Diets in Adult Care Homes. All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. On 4.28.20, a report listing all current diet and supplement orders located in Matrixcare was run for audit. List will be compared to hard medical record, and to supplements being provided by families. This list will also be compared to what dietary has posted in the kitchen. Variances will have clarification obtained from the physician, with updates to the plan of care as indicated.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 310	Continued From page 42 1. Review of Resident #8's most current FL-2 dated 01/22/19 revealed: -Diagnoses included dementia, diabetes, HTN, hyperlipidemia, gastroesophageal reflux (GERD), low vitamin D and a history of prostate cancer. - The diet order section of the FL-2 only indicated "spoon". Review of Resident #8's Resident Register dated 04/06/17 revealed the resident was admitted on 04/10/19. a. Review of Resident #8's physicians order dated 11/30/18 revealed: -There was an order for a mechanical soft regular diet. -The order was signed on 1/22/19. Observation of the kitchen on 03/11/20 at 8:08 am revealed: -There was a daily menu for regular and modified diets for the day. -There were 7 pureed meals plates prepared by Dietary Manager (DM). -No mechanical soft consistency meals were observed. -The trays were not labeled. -Plating of the food began at 8:12 and ended at 8:39am. Observation of breakfast meal service on 03/11/20 8:50am revealed that Resident #8 was served a whole hash brown patty and a link sausage. Observation of the lunch meal service on 03/11/20 at 12:45 pm revealed: -Resident #8 was served steamed broccoli, sliced ham, rice and gravy and roll at regular consistency.	D 310	Dietary Manager will review the resident register to obtain resident food preferences. These will be listed under preferences in Matrixcare. Allergies will be listed in the electronic medical records indicated, for it to populate in MatrixCare and Care Assist. Verified diet orders and supplements will have clarification entered into Matrixcare, and a new listing of current diet and supplement orders will be provided to the dietary manager for their records. Dietary Staff responsible for meal preparation and modified diets were inserviced on preparation of Mechanically altered diets, including pureed, mech soft ground meats and mech soft chopped meats on _____. Staff also received training on supplements requiring physician's orders. Changes in orders, new orders will be provided by Care Services to dietary utilizing the Diet report. Process will be monitored weekly during at risk and monthly during QA. **Date of Completion: May 8, 2020**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 310	Continued From page 43 -Staff did not cut Resident #8's food into bite size pieces. -Resident #8 did not appear to have any trouble with chewing or swallowing. Based on observations, interviews, and record reviews it was determined that Resident #8 was not interviewable. Interview with DM on 03/11/20 at 8:59am revealed: -She prepared the meals for residents with modified consistency diet orders. -Therapeutic diet menus were available in the kitchen. -She knew Resident #8 had an order for a mechanical soft diet. -She knew Resident #8 was not to be served eggs of any kind but was unsure if this was a preference or allergy. -There was no substitute for eggs offered. -There were "extras upstairs" (cereal bars) to offer to Resident #8. A second interview with the DM on 03/12/20 at 12:26 revealed: -Mechanical soft diets were prepared by the DM in a food processor. -There were are 11-12 residents receiving a mechanical soft diet in the facility. -Only 1 plate of mechanical soft diet was labeled due to a fish allergy. -No other plates were are labeled for residents or diet. - She would give orange slices with the peel removed to a resident on a mechanical soft diet. -Some residents on mechanical soft diet were served potato chips but should probably be served mashed potatoes instead. -She knew residents were ordered modified	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 310	Continued From page 44	D 310		

consistency diets due to concerns regarding chewing and swallowing.
-She knew these concerns were related to risk of choking.

Telephone interview on 03/11/20 at 4:50pm with Resident #8's guardian revealed that she was not aware of Resident #8 having any problems with chewing and/or swallowing.

Telephone interview with a nurse for Resident #8's Primary Care Provider (PCP) on 03/12/20 at 9:10am revealed:
-She was not aware of the reason Resident #8 had been ordered a mechanically soft diet.
-The PCP was not available for clarification.

Interview with the Administrator on 03/12/20 at 3:22pm revealed:
-She seldom observed evening meals but had recently observed a meal the previous week.
-It was the DM's responsibility to prepare modified texture diets.
-She was concerned that a resident could choke if provided a regular diet when modified texture was ordered.

b. Review of Resident #8's physicians orders revealed the most recent diet order, dated 9/25/18,was for a named sugar free nutritional supplement or an equivalent nutritional supplement drink 2 containers daily; There was no current order for nutritional supplements.

Observation of the pantry on 03/12/20 at 11:45 revealed:
-There was a box of protein drinks in the cabinet above the sink with Resident #8's name on the outside.
-There was a box of protein drinks in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 310	Continued From page 45	D 310		

refrigerator with 3 single serving cartons inside with Resident #8's name hand-written on the outside of the box.
-There were no "no sugar added" nutritional supplements available to be served .

Telephone interview on 03/11/20 at 4:50pm with Resident #8's guardian revealed:
-She provided the whatever you called it above that was given to the resident by the staff.
-She did not know how protein drink she provided compared to the "no sugar added" nutritional supplements nutritional value.

Telephone interview with a nurse for Resident #8's primary care provider (PCP) on 03/12/20 at 9:10am revealed:
-There was a note in Resident #8's record stating their dietician had spoken with the facility and approved the use of no added sugar mighty shake in place of the named nutritional supplement as ordered.
-The last diet order for nutritional supplements was written 9/25/18.

Resident #8's PCP was unavailable for interview.

Interview with medication aide (MA) on 03/12/20 T 11:52am revealed:
-He knew Resident #8 was receiving a protein drink.
-Supplements are placed on the electronic medication administration record (eMAR) when ordered.
-Supplements were administered to residents by the MA as ordered.
-There were no supplements on the eMAR for Resident #8.

Review of eMARs for January 2020, February

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 310	Continued From page 46 2020 and March 2020 revealed there were no entries for supplements to be administered to Resident #8. Interview with patient care aide (PCA) on 03/12/20 at 12:00pm revealed: -The MA administered the supplements to the residents. -The MA had delegated this to the PCA at times. -She was aware Resident #8 received supplements. -Resident #8 received 2 single serve cartons of Muscle Milk (name) per day. -Resident #8 typically received his supplements at "1:00 am and 3:00-3:30 pm". -Resident #8 was sometimes given a protein or cereal bar by the Resident Care Coordinator (RCC). Interview with the Special Care Coordinator (SCU) on 03/12/20 at 3:33pm revealed: -Resident #8 did not have a physician's order for a supplement; his wife brought in a protein drink for him. -She did not know Resident #8 needed an order for a supplement; she thought it was okay for him to have the protein drink because his family wanted him to have it. Interview with the Administrator on 03/12/20 at 3:22pm revealed: -She began her role as Administrator on 12/06/19. -She was aware residents' families sometimes provided the supplements that were ordered. -She expected the family to give the supplements to the MA on duty when the supplements were brought in. -It was the MA's responsibility to place the liquid nutritional supplements in the refrigerator to	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 310	Continued From page 47 administered as ordered to the resident. -She expected the supplements to be inventoried as medication when brought in by the family. -She expected the MAs to verify the brand of supplement administered. -She expected the MAs to administer the supplements as ordered. -She expected the MAs to document the administration of supplements on the eMAR. -She was not aware of any rule or regulation requiring supplements be brand specific. -She was aware the families sometimes brought supplements into the facility that had not been ordered by a physician. -She said it was a "residents right" to drink what the family brought in and compared it to a family bringing food to a resident. -She expected the MA to communicate with the resident's PCP when a family delivered supplements without an order and compared it to a family bringing in Tylenol. 2. Review of Resident #2's current FL-2 dated 09/13/19 revealed: -Diagnoses included hypertension, diabetes mellitus, gait impairment, Parkinson's disease, anemia, osteoarthritis, and insomnia. -There was no physician's order for nutritional supplements. Review of a list of all residents who received liquid supplements provided by the Special Care Coordinator (SCC) revealed Resident #2 was not listed as receiving a nutritional supplement. Review of Resident #2's electronic Medication Administration Record (eMAR) for January 2020, February 2020, and March 2020 revealed there	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 310	Continued From page 48 was no entry for nutritional supplements. Observation of a refrigerator in Resident #2's room on 03/10/20 at 9:39am revealed 20 bottles of an "original" nutritional supplement. Interview with Resident #2 on 03/10/20 at 9:39am revealed: -She drank one bottle of a nutritional supplement every day before breakfast. -She drank the nutritional supplement because she felt "light-headed" and "dizzy" first thing in the morning. -Drinking the nutritional supplement helped her feel better. -The staff knew she had nutritional supplements to drink. -Her family member purchased the nutritional supplement and brought it to the facility. Interview with Resident #2's family member on 03/10/20 at 5:28pm revealed: -He had been providing Resident #2 with a nutritional liquid supplement since the resident moved into the facility. -He had asked someone at the facility to provide the drinks (he did not recall who he talked to). -No one told him a doctor's order was necessary. Second interview with Resident #2 on 03/10/20 at 5:28pm revealed: -She drunk a shake every day at about 7:30am. -She had never told her primary care provider (PCP) she felt "light-headed" in the mornings. -The staff knew she drunk liquid nutritional shakes every day. -She felt better after drinking her liquid nutritional shake. -Sometimes she would drink more than one liquid nutritional shake, but not very often.	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 310	Continued From page 49 -She did not recall the last time she drank a nutritional supplement more than once a day. Interview with a medication aide (MA) on 03/11/20 at 11:12am revealed: -The nutritional supplement was provided by Resident #2's family member. -Resident #2 drank a nutritional supplement every day; he did not know how many she drank. -If Resident #2 had an order for a nutritional supplement the facility would provide the supplement. -Resident #2 did not have an order for a liquid nutritional supplement. -No one had asked him to obtain an order for Resident #2's liquid nutritional supplement. Observation of Resident #2's trash can on 03/11/20 at 11:24am and 03/12/20 at 11:58am revealed an empty container of a liquid nutritional supplement. Interview with Resident #2's PCP on 03/11/20 at 11:45am revealed: -She was not aware Resident #2 was drinking supplements. -She would have liked to have been notified if Resident #2 was drinking supplements. -Resident #2 would need a specific supplement for diabetics. -Resident #2 could have experienced elevated blood sugar, which could then cause problems such as organ failure. -She usually only ordered a liquid nutritional supplement for someone who had weight loss. -No one had told her Resident #2 was experiencing being light-headed in the mornings. Interview with the Resident Care Coordinator (RCC) on 03/12/20 at 10:00am revealed:	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 310	Continued From page 50 -She knew Resident #2 had a nutritional supplement in her room in her personal refrigerator. -Resident #2 drank a nutritional supplement every day before breakfast. -She did not know why Resident #2 drank a nutritional supplement drink. -The nutritional supplement was provided by Resident #2's family member. -She had not talked to Resident #2's PCP about the nutritional supplement. -She did not know Resident #2 needed a physician's order for her personal nutritional supplement. -PCP's usually ordered a nutritional supplement when the resident was losing weight or not eating. -Resident #2 eats good and had not lost any weight. Interview with the Director of Resident Care (DRC) on 03/12/20 at 10:58am revealed: -She did not know Resident #2 had a liquid nutritional supplement. -Resident #2 would need an order to have a liquid nutritional supplement. -Supplement orders were initiated by the RCC. -If a family member wanted a supplement for their family member, it would need to be addressed with the resident PCP. -If a MA knew a resident was drinking a nutritional supplement, she expected the MA to tell the RCC. Interview with the Administrator on 03/12/20 at 3:30pm revealed: -She did not know if Resident #2 had a liquid nutritional supplement. -She would have expected the MA to let Resident #2's PCP know about the supplement. -She knew an order was needed for residents to	D 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 310	Continued From page 51 have a liquid nutritional supplement. -Sometimes families brought in liquid supplements for residents for personal preference on flavors or costs. -The MAs handled all supplements. -She did not know if residents kept supplements in their personal refrigerators. -The PCP should be notified if a resident's family was providing a liquid nutritional supplement.	D 310		
D 312	10A NCAC 13F .0904(f)(2) Nutrition and Food Service 10A NCAC 13F .0904 Nutrition and Food Service (f) Individual Feeding Assistance in Adult Care Homes: (2) Residents needing help in eating shall be assisted upon receipt of the meal and the assistance shall be unhurried and in a manner that maintains or enhances each resident's dignity and respect. This Rule is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to assist residents in the Special Care Unit (SCU) dining room with meals by providing assistance and prompting residents who sat down with food without eating, residents who fell asleep during meal time and residents who were assisted upon receipt of the meal in a timely manner. The findings are: Observation of the dinner meal in the second dining room in the SCU on 03/10/20 at 5:54pm revealed; -The pre-plated food was delivered inside a heated food delivery cart at 5:56pm.	D 312	**NCAC 13F. 0904(f)(2) Nutrition and Food Service** Individual feeding assistance in adult care homes. Residents needing help in heating shall be assisted upon receipt of the meal and the assistance shall be unhurried in a manner that maintains or enhances each resident's dignity and respect. All residents sitting at one table shall be served their meals, prior to proceeding to serving the next table. Those residents requiring assistance shall have assistance provided, in accordance with their service plan prior to assisting residents at another table. Good hand hygiene should be observed, if staff is providing physical assistance with feeding, staff should wash their hands prior to assisting the next resident to comply with infection control practices. Residents may not be in the dining room for meals without supervision.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 312	Continued From page 52 -There were fourteen residents seated in the dining room at five tables. -Two tables sat three residents, two tables sat two residents and one table sat four residents. -There were four personal care aides (PCAs) in the dining room; they served plates, poured beverages and gave the residents eating utensils. -Five residents were served a pureed meal. -There was a pureed sandwich and a bowl of creamed soup on each plate served for the pureed meals. -One PCA left the dining room after all the plates were served and only three PCAs remained in the dining room to assist residents. -One of the PCAs sat at a table with three residents and began to assist one of the residents with eating a pureed meal; the other two residents were able to eat without assistance. -A second PCA sat at a table with two residents; she began to assist one of the residents with eating a pureed meal while she verbally encouraged the second resident to eat. -A third PCA stood between two residents and assisted both residents with eating; the PCA verbally encouraged the third resident at the table to eat. -There was a fourth table with four residents seated at the table; two residents had pureed meals and two residents had regular meals. -One of the residents with the pureed meal at the fourth table dipped her fingers into her soup and then sucked on them, one of the residents with the regular meal ate his food, the other resident with a regular meal slept and the fourth resident sat and waited for assistance. -The fifth table had two residents that ate their meals without assistance or encouragement. -At 6:19pm the second PCA moved to the table with four residents and began to assist the resident who had dipped her fingers into her	D 312	Staff should not take breaks while trays are out on the floor. Housekeeping staff, trained as a PCA, may assist during meal times, as well as the managers in the community. Resident files should be audited to determine who requires assistance with feeding, the level of assistance needed in order to determine the amount of physical assistance to assist residents in a timely manner. **Date of completion May 8th, 2020**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 312	Continued From page 53	D 312		

soup; the PCA woke the sleeping resident up and encouraged her to eat.
-The first PCA removed a pureed meal and beverages from the fourth table and set it on the fifth table.
-The PCA then moved the resident from the fourth table to the fifth table where her food was moved to and then assisted the resident with eating; the resident was moved to the fifth table after sitting at the fourth table for over a half an hour.

Observation of the breakfast meal in the second dining room in the SCU on 03/12/20 at 8:58am revealed:
-There were twelve residents seated at five tables; three tables sat three residents, one table sat two residents and one table sat one resident.
-There were three PCAs in the dining room; one PCA was assisting a resident with eating and the other two PCAs served plated food.
-One of the PCAs left the dining room; every resident did not have a plate.
-A PCA assisted a resident with eating while another resident at the table did not have a plate and slept.
-A second PCA sat at a table with three residents and assisted one resident with eating, one resident was eating without assistance, and one resident had a plate but was asleep.
-At 9:04am the second PCA stopped assisting a resident with eating, got up from the table and served a plate to a resident that was brought into the dining room.
-At 9:08 am the second PCA stopped assisting the resident with eating again and served other residents' plates and beverages.
-The third table sat two residents with pureed meals; one resident was leaning forward with her chin on the table and was asleep and the second

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 312	Continued From page 54 resident used her fingers to scoop her eggs and oatmeal to eat. Interview with a PCA on 03/12/20 at 11:20am revealed: -There were 4 or 5 residents that required full assistance with eating currently on the SCU. -Residents requiring full assistance would sit in the same dining room. -She usually assisted two residents with eating at the same time. -She sat between the two residents and offered a bite to one and then the other to give them time to chew and swallow. -There were usually two PCAs present in the dining room during meal service. -There were times that the Activity Director and the medication aide would assist with feeding residents. -There were times that residents had been left in the dining room unsupervised during meals. -Residents may wait 15 minutes to be assisted to eat. -It took 25-30 minutes to feed a resident. -She knew staff should be seated while assisting residents to eat. Interview with the Special Care Coordinator on 03/12/20 at 3:33pm revealed: -She knew there were seven residents in the second dining room that needed assistance with eating and a couple that had to be verbally encouraged to eat but it depended on the resident. -There should have been three PCAs in the dining room at one time to assist residents with eating. -PCAs could sit between two residents and assist them with eating at the same time. -The PCAs took 15 to 20 minutes to assist a	D 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 312	Continued From page 55 resident with eating; it depended on the resident. -PCAs were trained not to give a plate of food to a resident until they were ready to assist the resident; the PCAs should not have allowed a resident to use their fingers to eat pureed food. -She was not aware there were residents that waited to be assisted with eating or watched other residents eat while they waited. -PCAs were trained how to assist residents with eating by other PCAs during orientation. -PCAs should never stand to assist a resident with eating. Interview with the Administrator on 03/12/20 at 4:59pm revealed: -She did tours of the dining room during meal service, usually during breakfast. -She had last toured on 03/09/20. -She had toured the dining room during a dinner service the previous week. -She had noted a concern that three residents were sitting with their food and not being assisted to eat. -There were three PCAs in the dining room assisting a single resident at the time. -She expected that residents should wait no more than 10-15 minutes before being assisted. -She expected the Resident Care Coordinator (RCC) and the Special Care Unit Coordinator to monitor meals on evenings. -She knew staff were trained in assisting residents but did not know who was responsible for the training. -Staff may have needed retraining in feeding assistance.	D 312		
D 358	10A NCAC 13F .1004(a) Medication Administration	D 358	**10 A NCAC 13F .1004 (a) Medication Administration** An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with orders by a licensed prescribing practitioner which are maintained in the resident's record and rules in this section and the facility policy and procedures.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 56 10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures. This Rule is not met as evidenced by: TYPE B VIOLATION Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered as ordered for 2 of 6 residents (#9 and #10) observed during the medication pass including errors with a high blood pressure medication and anxiety medication (#9) and a medication to treat side effects of psychotropic medications (#10); and for 3 of 7 sampled residents (#1, #2, and #3) for record reviews including two medications to treat depression, a sleep aid medication, a medication for insomnia, and a medication to treat dementia (#1), a eye drop (#2) and a medication to lower blood pressure (#3). The findings are: 1. The medication error rate was 10% as evidenced by the observation of 3 errors out of 29 opportunities during the 8:00 am-9:00 am medication pass on 03/11/20. a. Review of Resident #9's current FL-2 dated 08/08/19 revealed: -Diagnoses included major depressive disorder, anxiety disorder, mild cognitive impairment, and gastro-esophageal reflux disease.	D 358	Orders are procured via e-scribe or written prescription. These orders are processed via the "bucket system". Meds which have been approved but not arrived, move from the orange bucket, to the red bucket for follow-up by the care manager or SIC to ensure the medication has arrived from the pharmacy. If medications have not arrived, and are not available for administration will have medication error reports completed in Matrixcare as indicated. The Covington receives medications in Multi-Dose Packaging (Packaging) Monthly, the Community receives a Cycle Fill Preview Report. This report is to be reviewed for current residents and current orders. Review should be completed by the appropriate care manager within 5-7 days, signed and returned to pharmacy. Each week, 3 days prior to the meds being utilized, the medications arrive and should be verified by the Care Manager. Contents in the MDP should be compared to the delivery sheet, and contents should be compared to current orders to ensure all matches. These delivery sheets should be maintained for 3 years. When 3rd shift SIC places the new cycle on the cart, again these medications should be verified against the MAR prior to placing on the cart to ensure all meds are present and accurate. All old cards, with exception of PRNs or high risk medications should be removed. The Care manager	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 57 -There was no medication order for amlodipine (used to treat high blood pressure). Review of Resident #9's subsequent physician orders dated 02/14/20 revealed there was an order for amlodipine 2.5 mg daily. Review of Resident #9's March 2020 electronic medication administration record (eMAR) revealed: -There was an entry for amlodipine 2.5 mg take one tablet daily, scheduled for 9:00 am. -There was documentation of administration from 03/01/20 to 03/11/20 at 9:00 am. Observation of the medication pass on 03/11/20 at 8:31 am revealed: -The medication aide (MA) removed a multi-pill package for Resident #9 from the medication cart. -He removed a pill package labeled morning (03/11/20) containing two pills (gabapentin and Trazodone). -He removed a separate pill packet for Resident #9 containing another medication (lithium) and added a pill to Resident #9's pill cup. -Resident #9's pill cup contained three pills and three medications were administered to Resident #9. -Amlodipine was not administered to Resident #9. Interview with Resident #9 on 03/12/20 at 3:08 pm revealed: -He took two pills in the morning time and six pills at night. -He did not know the names of the pills. -He did not think he took anything for his blood pressure. Observation of Resident #9's blood pressure	D 358	responsible for the completion, accuracy and timeliness of evaluations. The Executive Director is responsible for the overall monitoring and ensuring the meetings occur as outlined above. **Date of Completion ~~4.28.2020~~** 4/26/20- SS-amended- 5/6/20	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 58 monitoring on 03/12/20 at 3:08 pm revealed his blood pressure was 137/89. Interview with a Pharmacy Technician at the facility's contracted pharmacy on 03/11/20 at 3:27 pm revealed: -Resident #9 had medication sent in multi-pill packages that contained seven days of medications. -There was a current order for amlodipine 2.5 mg daily dated 02/14/20. -The amlodipine prescription was written for 30 tablets and it was keyed into the pharmacy computer system for 30 tablets. -There were seven amlodipine tablets dispensed on 02/20/20 and Resident #9 was only billed for seven tablets of amlodipine. -Resident #9 would have ran out of amlodipine on 02/28/20. -There were no other amlodipine tablets dispensed. -A refill request was sent to the facility to obtain a new prescription on 02/20/20 but it was never returned to the pharmacy. -Since the refill request was not returned, amlodipine was not dispensed upon the next weekly cycle. -She did not know why the remaining 23 amlodipine tablets were not dispensed. Interview with Resident #9's physician on 03/11/20 at 11:57 am revealed: -Amlodipine was ordered on 02/14/20 to treat hypertension. -When Resident #9 was seen his blood pressure was elevated, so a low dose of amlodipine was started. -If Resident #9 did not receive amlodipine his blood pressure would remain high.	D 358	Type text here	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 59 Interview with the first shift MA who administered the medications during the medication pass on 03/11/20 at 1:28 pm revealed: -The Resident Care Coordinator (RCC) received orders from the physician and faxed the orders over to the pharmacy. -When the multi-pill packs were delivered weekly, he compared the contents of the multi-pill packages with the eMAR for each resident on the medication cart he was assigned. -He was not always assigned to the same cart. -When he checked the contents of the multi- pill packages and compared the contents to the eMAR it helped him to speed up when administering medications because he was reassured that the contents of the pill packages were accurate. -He still was supposed to check each residents pill package with the eMAR. -He did document administering the amlodipine. -He thought he gave Resident #9 amlodipine, but he now realized he did not, and that the medication was not available to administer. -He thought he had seen the amlodipine for Resident #9 in the past. -Cart audits were completed by MAs, but he did not know the last time a cart audit was completed. -MAs were responsible for administering medications correctly. Interview with the RCC on 03/11/20 at 4:01 pm revealed: -She reordered Resident #9's amlodipine on 03/09/20. -She did not recall receiving a refill request from the pharmacy prior to 03/10/20. -She did not know Resident #9 did not have any amlodipine on the medication cart available for administration.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 60 -She did cart audits to ensure all residents' medications on the Assisted Living (AL) were available for administration. -She was the only one to do cart audits for AL and the last time she did a cart audit was 02/07/20 prior to her leave time. -The cart audits were supposed to be completed weekly but she had not been able to do them weekly. -The cart audit was completed prior to the start of Resident #9's amlodipine order. -She held the MAs responsible for administering medication correctly and someone should have told her the medication was not on the medication cart for Resident #9. Interview with the Director of Resident Care (DRC) on 03/12/20 at 11:04 am revealed: -She knew of the resident but did not know what medications he had ordered. -She did not know Resident #9 was not administered amlodipine as ordered by the physician. -She expected MAs to call the pharmacy or physician if amlodipine appeared on the eMAR screen to administer but it was not available. Interview with the Administrator on 03/12/20 at 3:28 pm revealed: -She was still becoming acquainted with residents, but she did not know about Resident #9's amlodipine. -She expected staff to read the order for Resident #9's amlodipine on the eMAR and if it was not available notify pharmacy or the physician. Refer to the telephone interview with a MA on 3/12/20 at 11:50 a.m. Refer to the interview with the SCC on 3/12/20 at	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 61 11:57 am. Refer to interview with the DRC on 03/12/20 at 10:58 am. Refer to interview with the DRC on 03/12/20 at 12:55 pm. Refer to interview with the Administrator on 03/12/20 at 3:23 pm. Refer to interview with the Administrator on 03/12/20 at 3:30 pm. b. Review of Resident #9's current FL-2 dated 08/08/19 revealed there was no medication order for Trazodone (used to treat depression, and sleep initiation and maintenance disorders). Review of Resident #9's subsequent physician orders revealed there was an order dated 02/21/20 to start Trazodone 25 mg one tablet daily for anxiety. Review of Resident #9's March 2020 electronic medication administration record (eMAR) revealed: -There was an entry for Trazodone 50 mg take one-half tablet (25 mg) every morning, scheduled for 9:00 pm. -There was documentation of administration from 03/01/20 to 03/10/20 at 9:00 pm. -There was no documentation of administration on 03/11/20. Observation of the medication pass on 03/11/20 at 8:31 am revealed: -The medication aide (MA) removed a multi-pill package for Resident #9 from the medication cart.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 62 -He removed a pill package labeled morning (03/11/20) containing two pills (gabapentin and Trazodone). -He removed a separate pill packet containing another medication (lithium) and added a pill to Resident #9's pill cup. -Three medications were administered to Resident #9. Interview with Resident #9 on 03/12/20 at 3:08 pm revealed: -He had been "so nervous since lunch" about his upcoming x-ray on his shoulder. -He hoped everything would go well when his x-ray was done, and he did not understand why he was "so worried". -He took two pills in the morning time, but he did not know what they were treating. Interview with a Pharmacy Technician at the facility's contracted pharmacy on 03/11/20 at 3:27 pm revealed: -Resident #9 had an active order dated 02/21/20 for Trazodone 25 mg every morning. -The order specified that Resident #9's Trazodone was for morning administration. -There was a default time for the facility of 8:00 am but the facility could change the time of administration on their side of the eMAR computer system. -Trazadone 50 mg one-half tablets were dispensed for a 7-day supply on 02/28/20, 03/06/20, and there was a future dispense date set for 03/13/20 for a 7-day supply. Interview with Resident #9's Psychiatric Nurse Practitioner (NP) on 03/12/20 at 10:38 am revealed: -She ordered Trazodone for Resident #9 to treat his anxiety.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 63 -She specified that his Trazodone was to be administered in the morning versus night time because it was for anxiety and not sleep. Interview with the first shift medication aide (MA) who administered medications during the medication pass on 03/11/20 at 1:28 pm revealed: -He administered the Trazodone to Resident #9, and it was in the morning pill package for Resident #9. -He thought Trazodone had "popped up" on the eMAR screen to administer for the morning pill pass but now he was not sure. -When administering medications, he read the eMAR screen and compared it to the resident's pill package. -If the medication appeared on the eMAR screen, he administered that medication without question. -He thought a nightshift MA would have noticed the Trazodone was "popping up" on the screen but not in the evening pill package. -The MA who did the cart audit should have noticed the Trazodone order did not match the time of administration. -The Resident Care Coordinator (RCC) was able to change the time of administration; the MAs were not able to change the time of administration. -Each MA was responsible for administering medications correctly. Interview with the RCC on 03/11/20 at 4:01 pm revealed: -She was able to verify medication orders in the eMAR system prior to administration. -She, the Special Care Coordinator (SCC) and the Director of Resident Care (DRC) were the only staff who were able to verify medication orders in the eMAR system.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 64 -When she verified Resident #9's Trazodone she thought it had a default time of 1:00 am and she changed the time to 9:00 pm. -She did not realize the order was not congruent with the changed time of administration. -She was responsible for changing the time of administration for Resident #9's Trazodone. Interview with the Director of Resident Care (DRC) on 03/12/20 at 11:04 am revealed: -She expected MAs to follow the five rights when giving medications. -If MAs were checking the package with the eMAR, she thought they would have noted Resident #9's Trazodone was appearing on the eMAR screen for the morning medication pass. -She expected the MAs to notify the RCC about the time of administration for Resident #9's Trazodone. Interview with the Administrator on 03/12/20 at 3:28 pm revealed: -She was not aware of Resident #9's Trazodone time of administration was 9:00 pm, but that was what she would expect it to be because Trazodone was usually administered at night. -She thought that staff who changed the time also thought 9:00 pm was the correct time for administration. -The MA should have noticed Resident #9's Trazodone did not appear on the eMAR and notified the pharmacy or physician before administering. Refer to the telephone interview with a MA on 3/12/20 at 11:50 a.m. Refer to the interview with the SCC on 3/12/20 at 11:57 am.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 65 Refer to interview with the DRC on 03/12/20 at 10:58 am. Refer to interview with the DRC on 03/12/20 at 12:55 pm. Refer to interview with the Administrator on 03/12/20 at 3:23 pm. Refer to interview with the Administrator on 03/12/20 at 3:30 pm. c. Review of Resident #10's current FL-2 dated 08/08/19 revealed: -Diagnoses included hypertension, Parkinson's disease, localized osteoarthritis in right knee, hyperlipidemia, anxiety, depression, hallucinations, and obesity. -There was a medication order for benztropine (used to treat involuntary movements due to side effects from psychotropic medications) 1 mg twice daily. Review of Resident #10's subsequent physician orders revealed: -There was a prescription dated 01/29/20 for benztropine 0.5 mg twice daily. -There was an order dated 01/29/20 to discontinue previous prescription for benztropine 1 mg twice daily. -There was an order dated 03/09/20 to discontinue benztropine. Review of Resident #10's March 2020 electronic medication administration record (eMAR) revealed: -There was an entry for benztropine 0.5 mg take one tablet twice daily, scheduled for 9:00 am and 9:00 pm. -There was a documentation of administration	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 66 from 03/01/20 to 03/09/20 at 9:00 am and 9:00 pm, and 03/10/20 at 9:00 am. -There were "Xs" documented on 03/10/20 at 9:00 pm and on 03/11/20 at 9:00 am and 9:00 pm. -There was documentation on the right side of the entry of discontinued on 03/10/20. Observation of the medication pass on 03/11/20 at 8:35 am revealed: -The medication aide (MA) removed a multi-pill package from the medication cart for Resident #10. -He removed two pill packages labeled morning (03/11/20) containing seven pills (aspirin, benztropine, finasteride, fludrocortisone, meloxicam, risperidone, and carbidopa-levodopa). -The MA placed all seven pills into a pill cup and seven medications were administered to Resident #10. Interview with Resident #10 on 03/12/20 at 3:13 pm revealed he was taken to the physician's office by a family member, but he did not know the medications he took. Interview with a Pharmacy Technician at the facility's contracted pharmacy on 03/11/20 at 3:46 pm revealed: -There was an order in the computer system dated 01/29/20 for benztropine 0.5 mg twice daily. -There was a discontinue order dated 03/09/20 for benztropine written by Resident #10's primary care physician. -There were 56 tablets dispensed on 02/14/20 for Resident #10 and he was set-up for multi-pill packaging. Interview with a representative from Resident	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 67 #10's physician's office on 03/12/20 at 10:23 am revealed: -The physician was weaning Resident #10's benztropine dose down. -The physician discontinued Resident #10's benztropine on 03/09/20. -She could not locate documentation in the computer regarding the reason it was ordered or stopped. Interview with the first shift medication aide (MA) who administered medications during the medication pass on 03/11/20 at 1:28 pm revealed: -He administered benztropine to Resident #10. -When a medication was discontinued, the MA was made aware and the multi-pill package was labeled indicating there was a change or medication discontinued. -He thought the order appeared on the eMAR screen for administration that morning, but he was not sure. -He did not know Resident #10's benztropine had been discontinued on 03/09/20. -The Resident Care Coordinator (RCC) was responsible for labeling the packages when there was a medication order change. Interview with the RCC on 03/11/20 at 4:01 pm revealed: -She had received an order to discontinue benztropine from Resident #10's family member who took him to an appointment on 03/09/20. -Resident #10 did not receive care from the in-house physicians and he saw other physicians for primary care, neurology and psychiatric services. -When she received orders to discontinue a medication, she usually told staff, and labeled the resident's pill package with a label.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 68 -There were two labels available to use when there was a medication order change, one label indicated "directions changed refer to chart" and the other label indicated "medication discontinued" with a space for the date and time. -She did not tell staff or label Resident #10's pill package indicating the benztropine was changed. -This error could have been prevented if she had told staff and labeled Resident #10's package. -She was responsible for processing medication orders so that medications were administered correctly by the MAs. Interview with the Director of Resident Care (DRC) on 03/12/20 at 11:04 am revealed: -Once Resident #10's benztropine was discontinued, she expected the RCC to tell staff, notify the pharmacy and remove Resident #10's benztropine from the medication cart. -She expected the MA to compare Resident #10's medication to the eMAR and benztropine should have been removed before administering the medications to Resident #10. -She was not familiar with the labels used to indicate a medication order change had occurred. -She held the MAs and RCC responsible for ensuring medications were administered correctly. Interview with the Administrator on 03/12/20 at 3:28 pm revealed: -She was not familiar with Resident #10 and she did not know his benztropine was discontinued. -The order should have been changed on Resident #10's eMAR and the medication removed from the medication cart. Refer to the telephone interview with a MA on 3/12/20 at 11:50 a.m.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 69 Refer to the interview with the SCC on 3/12/20 at 11:57 am. Refer to interview with the DRC on 03/12/20 at 10:58 am. Refer to interview with the DRC on 03/12/20 at 12:55 pm. Refer to interview with the Administrator on 03/12/20 at 3:23 pm. Refer to interview with the Administrator on 03/12/20 at 3:30 pm. 2. Review of Resident #1's current FL-2 dated 02/26/20 revealed diagnoses included senile degeneration of the brain, unspecified dementia with behavior disturbance, generalized anxiety, and major depressive disorder. Review of Resident #1's Resident Registry revealed, the resident was admitted into the facility on 01/27/20. a. Review of Resident #1's current FL-2 dated 02/26/20 revealed there was an order for Sertraline 100 mg take 1 tablet daily (used to treat depression.) Review of Resident #1's subsequent physician order dated 03/04/20 revealed an order for Sertraline 100mg 1 tablet once daily. Review of Resident #1's January 2020 electronic medication administration record (eMAR) revealed: -There was an entry for Sertraline 100mg tablet scheduled at 9:00 am. -On 01/27/20 and 01/28/20, staff had not	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 70	D 358		

documented administration of Sertraline 100mg.
-There was documentation Resident #1 was administered Sertraline 100mg from 01/29/20 - 01/31/20.

Review of Resident #1's February 2020 eMAR revealed:
-There was an entry for for Sertraline 100mg tablet scheduled at 9:00 am.
-There was documentation Resident #1 was administered Sertraline 100mg daily from 02/01/20 - 02/29/20.

Review of Resident #1's March 2020 eMAR revealed:
-There was an entry for Sertraline 100mg tablet daily scheduled at 9:00 am.
-There was documentation Resident #1 was administered Sertraline 100mg from 03/01/20 - 03/10/20.
-On 03/10/20, staff documented administering Sertraline 100 mg to Resident #1.

Observation of Resident #1's medication on hand on 03/10/20 at 3:00 pm revealed Sertraline was not on the medication cart.

Based on observation, interview and record review, it was determined Resident #1 was not interviewable.

Telephone interview with a Pharmacy Technician at the facility's contracted pharmacy on 03/12/20 at 8:36 am revealed:
-Seven Sertraline 100mg tablets were dispensed to the facility on 02/07/20.
-Thirty Sertraline 100mg tablets were dispensed to the facility on 03/10/20.

Telephone interview with Resident #1's medical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 71 provider on 03/12/20 at 10:09 am revealed: -Sertraline was prescribed to treat depression. -If Resident #1 missed 7 or more days, it may cause restlessness or irritation. Telephone interview with a Medication Aide (MA) on 03/12/20 at 11:50 am revealed he could not recall if he had reordered any medications for Resident #1. Interview with the Special Care Coordinator (SCC) on 3/12/2020 at 11:57 am revealed the medications that were not on the medication cart for Resident #1 on 3/10/2020 had not been reordered. Refer to the telephone interview with a MA on 3/12/20 at 11:50 a.m. Refer to the interview with the SCC on 3/12/20 at 11:57 am. Refer to interview with the DRC on 03/12/20 at 10:58 am. Refer to interview with the DRC on 03/12/20 at 12:55 pm. Refer to interview with the Administrator on 03/12/20 at 3:23 pm. Refer to interview with the Administrator on 03/12/20 at 3:30 pm. b. Review of Resident #1's current FL-2 dated 02/26/20 revealed there was an order for Melatonin 3mg 2 tablets every evening. (used as a supplement to aid sleep). Review of Resident #1's subsequent physician	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 72 order dated 03/04/20 revealed an order for Melatonin 3mg 2 tablets every evening. Review of Resident #1's January 2020 electronic medication administration record (eMAR) revealed: -There was an entry for Melatonin 3mg 2 tablets scheduled at 9:00 pm. -On 01/27/20, staff had not documented administration of Melatonin to Resident #1. -On 01/28/20 - 01/31/20, staff documented administering Melatonin to Resident #1. Review of Resident #1's February 2020 eMAR revealed: -There was an entry for Melatonin 3mg 2 tablets scheduled at 9:00 pm. -On 02/01/20 - 02/18/20, 02/20/20, and 02/22/20 - 02/29/20 staff documented administering Melatonin medication to Resident #1. -On 02/19/20 and 02/21/20, there was an entry the facility was awaiting the pharmacy's delivery of Melatonin medication. Review of Resident #1's March 2020 eMAR revealed: -There was an entry for Melatonin 3mg 2 tablets scheduled at 9:00 pm. -On 03/01/20 - 03/06/20 and 03/08/20, staff documented administering Melatonin medication to Resident #1. -On 03/07/20 and 03/09/20, there was an entry the facility was awaiting the pharmacy's delivery of Melatonin. Observation of Resident #1's medication on hand on 03/10/20 at 3:00 pm revealed Melatonin was not on the medication cart. Based on observation, interview and record	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 73 review, it was determined Resident #1 was not interviewable. Telephone interview with a Pharmacy Technician at the facility contracted pharmacy on 03/12/20 at 8:36 am revealed: -Fourteen Melatonin 5mg tablets were dispensed to the facility on 02/07/20. -Thirty Melatonin 5mg tablets were dispensed to the facility on 02/17/20 and 03/10/20. Telephone interview with Resident #1's medical provider on 03/12/20 at 10:09 am revealed Melatonin was prescribed as a sleep aid. Telephone interview with a Medication Aide (MA) on 03/12/20 at 11:50 am revealed he could not recall if he had reordered any medications for Resident #1. Interview with the Special Care Coordinator (SCC) on 3/12/2020 at 11:57 am revealed the medications that were not on the medication cart for Resident #1 on 3/10/2020 had not been reordered. Refer to the telephone interview with a MA on 3/12/20 at 11:50 a.m. Refer to the interview with the SCC on 3/12/20 at 11:57 am. Refer to interview with the DRC on 03/12/20 at 10:58 am. Refer to interview with the DRC on 03/12/20 at 12:55 pm. Refer to interview with the Administrator on 03/12/20 at 3:23 pm.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 74 Refer to interview with the Administrator on 03/12/20 at 3:30 pm. c. Review of Resident #1's current FL-2 dated 02/26/2020 revealed there was an order for Memantine 5mg 1 tablet once daily. (used to treat dementia.) Review of Resident #1's subsequent physician order dated 03/04/20 revealed an order for Memantine 5mg 1 tablet once daily. Review of Resident #1's January 2020 electronic medication administration record (eMAR) revealed: -There was an entry for Memantine 5mg tablet daily, scheduled at 9:00 am. -There was no documentation for why Memantine 5mg was not administered on 1/28/20. -On 01/29/20 - 01/31/20, staff documented administering Memantine 5mg medication to Resident #1. Review of Resident #1's February 2020 eMAR revealed: -There was an entry for Memantine 5mg tablet daily scheduled at 9:00 am. -On 02/01/20 - 02/29/20, staff documented administering Memantine 5mg medication to Resident #1. Review of Resident #1's March 2020 eMAR revealed: -There was an entry for Memantine 5mg tablet daily, scheduled at 9:00 am. -On 03/01/20 - 03/05/20, 03/07/20 and 03/10/20, staff documented administering Memantine 5mg medication to Resident #1. -On 03/06/20, 03/08/20, and 03/09/20 there was	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 75 an entry the facility was awaiting the pharmacy's delivery of Memantine 5mg medication. Observation of Resident #1's medication on hand on 03/10/20 at 3:00 pm revealed Memantine was not on the medication cart. Based on observation, interview and record review, it was determined Resident #1 was not interviewable. Telephone interview with a Pharmacy Technician at the facility contracted pharmacy on 03/12/20 at 8:36 am revealed: -Fifteen Memantine 5mg tablets were dispensed to the facility on 01/27/20, 02/18/20 and 03/10/20. -Seven Memantine 5mg tablets were dispensed to the facility on 02/07/20. Telephone interview with a Medication Aide (MA) on 03/12/20 at 11:50 am revealed he could not recall if he had reordered any medications for Resident #1. Interview with the Special Care Coordinator (SCC) on 03/12/20 at 11:57 am revealed the medications that were not on the medication cart for Resident #1 on 3/10/2020 had not been reordered. Refer to the telephone interview with a MA on 03/12/20 at 11:50 a.m. Refer to the interview with the SCC on 03/12/20 at 11:57 am. Refer to interview with the DRC on 03/12/20 at 10:58 am. Refer to interview with the DRC on 03/12/20 at	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 76 12:55 pm. Refer to interview with the Administrator on 03/12/20 at 3:23 pm. Refer to interview with the Administrator on 03/12/20 at 3:30 pm. d. Review of Resident #1's current FL-2 dated 02/26/2020 revealed there was an order for Mirtazapine 30mg 1 tablet at bedtime. (Mirtazapine is used to treat depression and insomnia.) Review of Resident #1's subsequent physician order dated 03/04/20 revealed an order for Mirtazapine 30mg 1 tablet at bedtime. Review of Resident #1's January 2020 electronic medication administration record (eMAR) revealed: -There was an entry for Mirtazapine 30mg tablet scheduled at 9:00 pm. -There was documentation the resident was administered Mirtazapine from 01/28/20 - 01/31/20. Review of Resident #1's February 2020 eMAR revealed: -There was an entry for Mirtazapine 30mg tablet scheduled at 9:00 pm. -There was documentation the resident was administered Mirtazapine from 02/01/20-02/19/20 and 02/24/20 -02/29/20. -There was an entry the facility was waiting for the pharmacy to send the medication from 02/20/20-02/23/20. Review of Resident #1's March 2020 eMAR revealed:	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 77 -There was an entry for Mirtazapine 30mg tablet scheduled at 9:00 pm bedtime. -There was documentation the resident was administered Mirtazapine from 03/01/20 - 03/10/20. Observation of Resident #1's medication on hand on 03/10/20 at 3:00 pm revealed Mirtazapine was not on the medication cart. Based on observation, interview and record review, it was determined Resident #1 was not interviewable. Telephone interview with a Pharmacy Technician at the facility contracted pharmacy on 03/12/20 at 8:36 am revealed: -There was a previous order dated 01/28/20 for Mirtazapine. -Fifteen Mirtazapine 30mg tablets were dispensed to the facility on 03/10/20. Telephone interview with Resident #1's medical provider on 03/12/20 at 10:09 am revealed Mirtazapine was prescribed to treat depression and insomnia. Telephone interview with a Medication Aide (MA) on 03/12/20 at 11:50 am revealed he could not recall if he had reordered any medications for Resident #1. Interview with the Special Care Coordinator (SCC) on 03/12/20 at 11:57 am revealed the medications that were not on the medication cart for Resident #1 on 3/10/2020 had not been reordered. Refer to the telephone interview with a MA on 3/12/20 at 11:50 a.m.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 78 Refer to the interview with the SCC on 03/12/20 at 11:57 a.m. Refer to interview with the DRC on 03/12/20 at 10:58 am. Refer to interview with the DRC on 03/12/20 at 12:55 pm. Refer to interview with the Administrator on 03/12/20 at 3:23 pm. Refer to interview with the Administrator on 03/12/20 at 3:30 pm. e. Review of Resident #1's current FL-2 dated 02/26/20 revealed there was an order for Trazodone 50mg ½ tablet (25mg) daily at noon. (used to treat insomnia and/or agitation.) Review of Resident #1's subsequent physician order dated 03/04/20 revealed an order for Trazodone 50mg ½ tablet (25mg) daily at noon. Review of Resident #1's January 2020 electronic medication administration record (eMAR) revealed there was no entry for Trazodone. Review of Resident #1's February 2020 eMAR revealed: -There was an entry for Trazodone 50mg tablet scheduled 0.5 (25 mg) daily at 12 noon. -The administration time for Trazodone was at 9:00 a.m. -There was documentation the resident was administered Trazodone from 02/05/20 - 02/08/20, and 02/10/20 - 2/29/20. -There was no documentation of administration from 02/01/20 to 02/04/20 at 9:00 am and	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 79 02/09/20 at 9:00 am. Review of Resident #1's March 2020 eMAR revealed: -There was an entry for Trazodone 50mg tablet scheduled 0.5 (25 mg) daily at 12 noon. -There was no documentation Trazodone was administered to Resident #1 on 03/01/20. -There was documentation the resident was administered Trazodone 03/02/20 and 03/03/20. -There was an entry the facility was waiting for the pharmacy to send the medication from 03/04/20 - 03/10/20. Observation of Resident #1's medication on hand on 03/10/20 at 3:00 pm revealed Trazodone was not on the medication cart. Based on observation, interview and record review, it was determined Resident #1 was not interviewable. Telephone interview with a Pharmacy Technician at the facility contracted pharmacy on 03/12/20 at 8:36 am revealed: -Three and one- half Trazadone 50mg tablets were dispensed to the facility on 02/07/20. -Seven and one-half Trazadone 50mg tablets were dispensed to the facility on 02/18/20. -Fifteen Trazadone 50mg tablets were dispensed to the facility on 03/10/20. Telephone interview with Resident #1's medical provider on 03/12/20 at 10:09 am revealed Trazodone was prescribed to treat insomnia and agitation. Telephone interview with a Medication Aide (MA) on 03/12/20 at 11:50 am revealed he could not recall if he had reordered any medications for	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 80 Resident #1. Interview with the Special Care Coordinator (SCC) on 03/12/20 at 11:57 am revealed the medications that were not on the medication cart for Resident #1 on 03/10/20 had not been reordered. Refer to the telephone interview with a MA on 03/12/20 at 11:50 am. Refer to the interview with the SCC on 03/12/20 at 11:57 am. Refer to interview with DRC on 03/12/20 at 10:58 am. Refer to interview with the DRC on 03/12/20 at 12:55 pm. Refer to interview with the Administrator on 03/12/20 at 3:23 pm. Refer to interview with the Administrator on 03/12/20 at 3:30 pm. _____ 3. Review of Resident #2's current FL-2 dated 09/13/19 revealed diagnoses included hypertension, diabetes mellitus, gait impairment, Parkinson's disease, anemia, osteoarthritis, and insomnia. Review of Resident #2's physician's order dated 11/15/19 revealed an order for Refresh Plus instill 2 drops in both eyes every day. (Refresh eye drops are a lubricating drop used to treat dry eyes).	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 81 Review of Resident #2's January 2020 Medication Administration Record (eMAR) revealed: -There was a computer-generated entry for Refresh Plus instill 2 drops in both eyes every day with a scheduled administration time of 8:00am. -There was documentation Refresh Eyes drops were administered at 8:00am on 01/01/20-01/31/20. Review of Resident #2's February 2020 eMAR revealed: -There was a computer-generated entry for Refresh Plus instill 2 drops in both eyes every day with a scheduled administration time of 8:00am. -There was documentation Refresh Eyes drops were administered at 8:00am on 02/01/20-02/16/20 and 02/18/20-02/29/20; there was an exception documented on 02/17/20 as "resident unavailable." Review of Resident #2's March 2020 eMAR revealed: -There was a computer-generated entry for Refresh Plus instill 2 drops in both eyes every day with a scheduled administration time of 8:00am. -There was documentation Refresh Eyes drops were administered at 8:00am on 03/01/20-03/11/20. Observation of Resident #2's medication on hand on 03/10/20 at 3:04pm revealed: -There was a box of 42 individual vials of Refresh Plus with a dispense date of 01/05/20. -The box had an original dispense of 30 vials. Telephone interview with a Pharmacy Technician with the facility's contracted pharmacy on 03/10/20 at 3:15pm revealed: -Thirty individual vials of Refresh Plus eye drops	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 82	D 358		

were dispensed on 07/18/19 and 01/06/20.
-Each dispensing was a 30-day supply; the 07/18/19 dispensing would have ran out in August 2019 and the 01/06/20 dispensing would have ran out in February 2020.
-The eye drops were a lubricant used to treat dry, irritated eyes.

Interview with Resident #2 on 03/10/20 at 5:28pm revealed:
-She did not get eye drops.
-She had not refused eye drops.
-She did not recall when she last received eye drops.

Interview with a medication aide (MA) on 03/11/20 at 11:12am revealed:
-He administered Resident #2's eye drops today, 03/11/20, before breakfast.
-He could not recall when he last administered eye drops to Resident #2.
-He thought it had been a couple of weeks since he had been assigned to Resident #2's medication cart.

Interview with Resident #2 on 03/11/20 at 11:24am revealed:
-She was administered eye drops today, 03/11/20; this was the first time in a long time.
-Her eyes felt better after receiving the eye drops.

Interview with Resident #2's Primary Care Provider (PCP) on 03/11/20 at 11:45am revealed:
-She was not aware Resident #2 was not receiving her eye drops daily as ordered.
-Refresh eye drops were used to treat dry eyes.
-Resident #2's eyes would feel better if she used the eye drops.
-She expected Resident #2's eye drops to be administered as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 83 Interview with a second medication aide (MA) on 03/12/20 at 9:14am: -He did not administer Resident #2's eye drops today, 03/12/20, because there were no eye drops on hand to administer. -He documented the medication was not available and were going to be reordered. Observation of the medication cart on 03/12/20 at 9:14am revealed: -Resident #2's box of eye drop vials were in the top drawer, on the front left-hand side of the drawer. -The MA looked at all the bottles of eye drops in the top drawer, on the back left- hand side of the drawer. -The MA did not observe Resident #2's box of eye drops. Interview with the Resident Care Coordinator (RCC) on 03/12/20 at 10:00am revealed: -Resident #2 was "pretty accurate" about most things. -She could not think of anything Resident #2 would not be accurate about. -She administered Resident #2's eye drops when she worked the medication cart. -She administered Resident #2's eye drops last week when she was working as a MA. -She did not know why Resident #2 would say she had not received eye drops. Interview with the Director of Resident Care (DRC) on 03/12/20 at 10:58am revealed: -Resident #2 would be considered a good historian. -Resident #2 would know whether she had been administered an eye drop or not. -She expected staff to follow orders as written by	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 84 the physician. Interview with Resident #2 on 03/12/20 at 11:58am revealed she was administered eye drops today, 03/12/20. Telephone interview with a MA on 03/12/20 at 12:40pm revealed he administered Resident #2's eye drops today, 03/12/20, after the RCC showed him where Resident #2's eye drops were on the medication cart. Interview with the Administrator on 03/12/20 at 3:30pm revealed she was concerned Resident #2's eye drops were not administered as ordered. Refer to the telephone interview with a MA on 3/12/20 at 11:50 a.m. Refer to the interview with the SCC on 3/12/20 at 11:57 am. Refer to interview with the DRC on 03/12/20 at 10:58 am. Refer to interview with the DRC on 03/12/20 at 12:55 pm. Refer to interview with the Administrator on 03/12/20 at 3:23 pm. Refer to interview with the Administrator on 03/12/20 at 3:30 pm. 4. Review of Resident #3's current FL-2 dated 02/21/20 revealed diagnoses included acute upper gastrointestinal bleeding with possible esophagitis, hyperkalemia, hypertension, and advanced Alzheimer's dementia.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 85 Review of Resident #3's previous physician's order dated 12/03/19 revealed an order to begin lisinopril (used to lower blood pressure) 5 mg once daily. Review of Resident #3's electronic medication administration records (eMAR) for January 2020, February 2020 and March 2020 revealed there was not an entry for lisinopril 5 mg take once daily on the eMARs. Observation of Resident #3's medication on hand on 03/12/20 at 3:07pm revealed 30 tablets of lisinopril 5 mg were dispensed on 03/10/20 and 30 tablets were still available for administering. Telephone interview with a representative from the facility's contracted pharmacy on 03/11/20 at 10:59am revealed lisinopril 5 mg take once daily was phoned into the pharmacy by the primary care physician's (PCP) office on 03/10/20. Interview with Resident #3's PCP on 03/11/20 at 11:39am revealed: -She confirmed the order for lisinopril 5 mg take once daily for Resident #3; the PCP identified the signature on the physician's order dated 12/03/19 for the lisinopril 5 mg as her signature. -She ordered the lisinopril for Resident #3 after a recent hospital stay. -She expected the facility to follow the order for the lisinopril once it was written; the facility should have sent the order to the pharmacy. -The lisinopril was a low dosage and was ordered to help control Resident #3's blood pressure. -Resident #3's blood pressures had stayed within parameters for the last two months. -She expected Resident #3 to begin taking the lisinopril as ordered and to continue to take the lisinopril as ordered.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 86 -She was not aware of the refill order on 03/10/20 for the lisinopril; another physician in her office could have reordered the lisinopril. A second telephone interview with a representative from the facility's contracted pharmacy on 03/11/20 at 4:15pm revealed: -Lisinopril 5 mg take once daily was ordered for Resident #3 on 12/03/19 by the PCP. -Nine tablets of lisinopril 5 mg were dispensed on 12/03/19. -Twenty-eight tablets of lisinopril 5 mg were dispensed on 12/13/19, 01/10/20 and 02/07/20. -Thirty tablets of lisinopril 5 mg were dispensed on 03/10/20. -The lisinopril was on a cycle fill system when dispensed. -When the pharmacy dispensed medications to the facility the information for the medication was electronically sent to the eMAR and would show on the eMAR that same day. -She could not explain why the lisinopril was not on the eMAR. Telephone interview with the pharmacist from the facility's contracted pharmacy on 03/12/20 at 10:07 am revealed: -She was responsible for the quarterly medication reviews for the facility. -She looked at the physician's orders and compared them to the eMAR when she did her reviews. -She did not look at the medication on the cart when she did the quarterly reviews. -She did not know why the lisinopril was not on the eMAR but was dispensed. -The facility staff should have notified the pharmacy when they received the lisinopril but could not find an order for it on the eMAR. -The pharmacy did not document when the facility	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 87 staff called about medication returns or questions about the eMAR. -She was concerned the lisinopril might not have been administered because it was not on the eMAR. -Lisinopril was used to control blood pressure and an outcome of not administering as ordered could be elevated blood pressure which could cause a stroke. Telephone interview with a medication aide (MA) on 03/12/20 at 9:59am revealed: -When medication was on the medication cart but not on the eMAR she was not allowed to administer the medication. -She would look for an active order on the eMAR and then call the pharmacy or the PCP if there was a medication on the medication cart but not on the eMAR. -She would send the medication back to the pharmacy and notify the Special Care Coordinator (SCC) about the issue. -She did not recall a package of lisinopril for Resident #3 or returning lisinopril back to the pharmacy. -She administered Resident #3 her medications but could not recall if she administered lisinopril to Resident #3. Interview with a second MA on 03/12/20 at 4:41 pm revealed: -He administered Resident #3 her medications and the resident took her medications and did not refuse them. -He only administered medications that were on the eMAR. -He did not remember if Resident #3 had lisinopril on the medication cart. -He did not know if Resident #3 had an order for lisinopril on the eMAR.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 88 Interview with the SCC on 03/12/20 at 9:26am revealed: -The pharmacy put new medication orders on the eMAR. -The MA had to approve the new order before administering the medication. -Once the MA approved the new order the medication would appear on the eMAR when scheduled to be administered. -When a medication was delivered from the pharmacy but was not on the eMAR the MA would remove the medication from the cart and notify the pharmacy. -Medication could not be administered if it was not on the eMAR. -The medication should be returned to the pharmacy when it was not administered. -Cart audits were completed once a week and medications were checked for expiration dates and if reorders were needed; she did not check the medication on the cart to the eMAR. Second interview with the SCC on 03/12/20 at 3:07pm revealed: -Medications sent back to the pharmacy were not logged or documented. -Medications were not checked when the pharmacy delivered them; medications were just placed into the medication cart. -The order for Resident #3's lisinopril 5mg should have been sent to the pharmacy by the PCP when the PCP ordered it. -She did not know the last time the pharmacy had dispensed the lisinopril for Resident #3. -The eMAR alerted the MAs to administer the lisinopril so if the lisinopril was not on the eMAR then it was not administered. -She did not believe Resident #3 had been administered the lisinopril because it was not on	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 89 the eMAR and the MAs were not allowed to administer a medication if it was not on the eMAR. -She did not know why the lisinopril was not on the eMAR; there must have been a "kink" in the system. -The MAs had not told her about Resident #3's lisinopril. Interview with the Administrator on 03/12/20 at 6:21pm revealed: -She was not aware of any issues with Resident #3's lisinopril. -She did not know if the PCP ordered the lisinopril with a phone call to the pharmacy or with a handwritten order faxed to the pharmacy. -She expected the order for the lisinopril for Resident #3 to be followed as ordered by the PCP. -The PCP came to the facility each week and should have looked at Resident #3's medications when she last saw the resident. -The MAs should have called the PCP and informed the SCC of the lisinopril. -She did not know why the lisinopril was not on the eMAR system and she did not know if the lisinopril was administered to Resident #3. Refer to the telephone interview with a MA on 3/12/20 at 11:50 a.m. Refer to the interview with the SCC on 3/12/20 at 11:57 am. Refer to interview with the DRC on 03/12/20 at 10:58 am. Refer to interview with the DRC on 03/12/20 at 12:55 pm.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 90 Refer to interview with the Administrator on 03/12/20 at 3:23 pm. Refer to interview with the Administrator on 03/12/20 at 3:30 pm. Telephone interview with a Medication Aide (MA) on 03/12/20 at 11:50 am revealed: -Medication Aides order/reorder residents' medications. -He ordered medications when there was a 7-10 days supply remaining for residents. Interview with the Special Care Coordinator (SCC) on 03/12/20 at 11:57 am revealed: -Upon a new resident's admission into the facility, they had not documented the quantity of medications received by the resident. -They compared the residents' medication supply brought in with their current FL-2. -Upon a resident's admission into the facility, they faxed the resident's current FL-2 to the pharmacy. -When a residents' medications were down to 10 tablets or less, the MAs were supposed to reorder those medications from the pharmacy. -Medication carts were supposed to be audited on every Thursday during third shift. -Once the audits were completed, the paperwork was given to the SCC. -The SCC had not provided documents regarding the medication cart audits. Interview with the Director of Resident Care (DRC) on 03/12/20 at 10:58am revealed: -She expected the medication aides (MAs) to follow the "five rights" of medication administration, which included checking the medication package, comparing the medication to the eMAR and administering it to the right	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 91	D 358		

resident at the right time.
-When a medication was not available, she expected the MAs to document "other", check the backup medications, notify pharmacy, check the medication cart thoroughly, notify the Resident Care Coordinator (RCC), and document what actions were taken to address the missing medication.
-If there were any issues with medications for a resident, she expected the MAs to report the issues to the next shift.
-She expected the RCC and Special Care Coordinator (SCC) to verify medication orders.
-She, the RCC, and the SCC were always on call and staff could contact them at any time of the day.
-A full cart audit was done weekly by the SCC and the RCC.
-She expected the cart audits to include looking at the amount of medication on hand and the dispense dates of the medication.
-She started reviewing the cart audit this month; she had only looked at the SCU resident records, not the AL.
-She was concerned the SCC and RCC were not looking at everything that needed to be reviewed.
-Anyone who had anything to do with the eMARs was responsible for making sure the eMARs were accurate.
-Anyone who had access to medication was responsible for administering the medication correctly.
-If a medication was not available the MA should look in the back-up, as well as the cart thoroughly to make sure the medication had not been overlooked.
-If the medication was not available the MA should contact the pharmacy to see if the medication had been ordered and if not reorder it.
-The MA should notify the RCC and SCC so they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 92 could follow up on the medication. -She was not sure if the facility had a medication administration policy. -The MAs were provided with training from the Regional Nurse on diabetes, insulin administration, discontinued medications, and medication orders on 03/06/20. -She held the MAs, RCC and SCC responsible for administering medications correctly. Interview with the Director of Resident Care (DRC) on 03/12/20 at 12:55 pm revealed: -Medications should have been reordered, when the resident had 7 or less tablets. -Weekly medication cart audits were conducted on Thursdays during second and third shifts by the MAs. -Once the audits had been completed, they were given to the SCC and the Resident Care Coordinator (RCC). -The final reports were then given to the DRC. -She had not received any audit reports this month. -She last recalled receiving reports in January 2020. -Medication cart audits were supposed to catch medications they did not have on the cart and/or needed to be removed from the cart. Interview with the Administrator on 03/12/20 at 3:23 pm revealed: -She had not known what the MAs were monitoring weekly on the medication carts. -The SCC, RCC and the DRC should have been monitoring the eMARs and medication carts. -If the medication carts were monitored weekly, the MAs should have detected the missing medications. -When the medications in the bubble packs were down to 8 or 10 tablets, the medications should	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 93 have been reordered. -The MAs would start counting the residents' medications, upon admission into the facility. Interview with the Administrator on 03/12/20 at 3:30pm revealed: -The Administrator, RCC, SCC and the DRC were working on auditing resident records. -She expected medication administration to be error-free. -She expected the MAs to know what they were doing, including administering medication timely and executing orders. -She expected the RCC and SCC to know how to administer medication just like a MA. -She expected the DRC to be familiar with the resident's medication too. -She expected all of the management team to be "hands-on" and to be comfortable with working on the medication carts. -She held the MA ultimately responsible for administering medications correctly. The facility failed to administer medications as ordered which resulted in Resident #1 not receiving two anti-depressant medications, a sleep aid medication, a medication to treat dementia, and a medication to treat insomnia; Resident #2 not receiving an eye drop that provided lubrication for her eyes; Resident #3 not receiving an anti-hypertension medication as ordered; Resident #9 not receiving a high blood pressure medication and an anxiety medication; Resident #10 receiving a medication used to treat the side effects of psychotropic medications that was discontinued. This failure was detrimental to the health, safety and welfare of residents and constitutes a Type B Violation.	D 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 358	Continued From page 94 A plan of protection was requested in accordance with G.S. 131 D-34 on 03/23/20. CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED APRIL 26, 2020.	D 358		
D 367	10A NCAC 13F .1004(j) Medication Administration 10A NCAC 13F .1004 Medication Administration (j) The resident's medication administration record (MAR) shall be accurate and include the following: (1) resident's name; (2) name of the medication or treatment order; (3) strength and dosage or quantity of medication administered; (4) instructions for administering the medication or treatment; (5) reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident; (6) date and time of administration; (7) documentation of any omission of medications or treatments and the reason for the omission, including refusals; and, (8) name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record (MAR).	D 367	Refer to attachment at page 111 of this document- SS 5/13/20	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 95	D 367		

This Rule is not met as evidenced by:
Based on observations, record reviews, and interviews, the facility failed to ensure the accuracy of electronic medication administration records for 3 of 9 sampled residents (#2, #3, and #9).

The findings are:

1. Review of Resident #2's current FL-2 dated 09/13/19 revealed diagnoses included hypertension, diabetes mellitus, gait impairment, Parkinson's disease, anemia, osteoarthritis, and insomnia.

Review of Resident #2's physician's order dated 11/15/19 revealed an order for Refresh Plus instill 2 drops in both eyes every day. (Refresh eye drops are a lubricating drop used to treat dry eyes).

Review of Resident #2's January 2020 Medication Administration Record (eMAR) revealed:
-There was a computer-generated entry for Refresh Plus instill 2 drops in both eyes every with a scheduled administration time of 8:00am.
-There was documentation Refresh Eyes drops were administered at 8:00am on 01/01/20-01/31/20.
-It was documented Resident #2 received 31 doses of Refresh eye drops out of 31 opportunities.

Review of Resident #2's February 2020 eMAR revealed:
-There was a computer-generated entry for Refresh Plus instill 2 drops in both eyes every

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 96 with a scheduled administration time of 8:00am. -There was documentation Refresh Eyes drops were administered at 8:00am on 02/01/20-02/16/20 and 02/18/20-02/29/20; there was an exception documented on 02/17/20 as "resident unavailable." -It was documented Resident #2 received 28 doses of Refresh eye drops out of 29 opportunities. Review of Resident #2's March 2020 eMAR revealed: -There was a computer-generated entry for Refresh Plus instill 2 drops in both eyes every with a scheduled administration time of 8:00am. -There was documentation Refresh Eyes drops were administered at 8:00am on 03/01/20-03/11/20. -It was documented Resident #2 received 11 doses of Refresh eye drops out of 11 opportunities. Observation of Resident #2's medication on hand on 03/10/20 at 3:04pm revealed: -There was a box of 42 individual vials of Refresh Plus with a dispense date of 01/05/20. -The box had an original dispense of 30 vials. Telephone interview with a pharmacy technician with the facility's contracted pharmacy on 03/10/20 at 3:15pm revealed: -Thirty individual vials of Refresh Plus eye drops were dispensed on 07/18/19. -Thirty individual vials of Refresh Plus eye drops were dispensed on 01/06/20. -Each dispensing was a 30-day supply. -The eye drops were a lubricant used to treat dry, irritated eyes. Based on staff documentation and medications	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 97 on hand between 01/01/20-03/11/20, there should have been no Refresh eye drop vials remaining, but there were 41 vials remaining on 03/11/20. Interview with Resident #2 on 03/10/12 at 5:28pm revealed: -She does not get eye drops. -She has not refused eye drops. -She did not recall when she last received eye drops. Telephone interview with a MA on 03/12/20 at 9:40am revealed: -She did not know why Resident #2 had excess Refresh eye drop vials on hand. -Maybe Resident #2's family brought eye drops in to be administered. -The eMAR system did allow a MA to document they gave a medication when they did not, but she did not think anyone would document if they did not administer the medication. -If she documented she gave something, then she gave it. Telephone interview with Resident #2's family member on 03/12/20 at 10:45am revealed he had never brought eye drops into the facility for Resident #2. Interview with the Resident Care Coordinator (RCC) on 03/12/20 at 10:00am revealed: -She did not know why there were so many Refresh eye drops in the box dated 01/05/20. -She thought maybe a new pack had been opened and added to the box dated 01/05/20. -She was concerned people were falsely documenting and the residents were not getting the medication administered as ordered. Interview with the Director of Resident Care	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 98 (DRC) on 03/12/20 at 10:58am revealed: -She expected the MAs to document correctly. -If something was supposed to be administered, she would expect it to be administered. -If something was not administered, she would expect an exception to be documented. -She was concerned about overall documentation. Interview with the Administrator on 03/12/20 at 3:30pm revealed: -She did not know why the MAs would document Resident #2's eye drops if they did not administer the eye drops. Refer to the interview with DRC on 03/12/20 at 10:58 am. Refer to the interview with the Administrator on 03/12/20 at 3:30 pm. 2. Review of Resident #3's current FL-2 dated 02/21/20 revealed: -Diagnoses included acute upper gastrointestinal bleeding with possible esophagitis, hyperkalemia, hypertension, and advanced Alzheimer's dementia. -There was an order for Miralax (used to treat and prevent constipation) 17gm per 8 ounces of water once daily. Review of Resident #3's physician's order dated 02/21/20 revealed an order for Miralax 17gm per 8 ounces of water once daily. Review of Resident #3's electronic medication administration records (eMAR) for January 2020 revealed: -There was an entry for Miralax 17gm per 8 ounces of water once daily scheduled at 8:00am.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 99 -Miralax was documented as administered at 8:00am from 01/01/20 to 01/31/20. Review of Resident #3's eMAR for February 2020 revealed: -There was an entry for Miralax 17gm per 8 ounces of water once daily scheduled at 8:00am. -Miralax was documented as administered at 8:00am from 02/01/20 to 02/13/20 and 02/15/20 to 02/29/20; there was one exception documented on 02/14/20 as "resident refused". Review of Resident #3's eMAR for March 2020 revealed: -There was an entry for Miralax 17gm per 8 ounces of water once daily scheduled at 8:00am. -Miralax was documented as administered at 8:00am from 03/01/20 to 03/08/20; there were exceptions documented from 03/09/20 to 03/10/20 as "resident refused". Observation of Resident #3's medication on hand on 03/10/20 at 3:08pm revealed: -There was an unopened , 17.9-ounce bottle of Miralax dispensed on 08/01/19. -The manufacture's label had 30 once daily doses. Telephone interview with a pharmacy technician from the facility's contracted pharmacy on 03/11/20 at 10:59am revealed: -There was an active order for Miralax 17gm take with 8 ounces of water once daily. -Thirty doses of Miralax were dispensed on 08/01/19 would have lasted 30 days. -Miralax was not on a cycle fill and would need to be ordered by the facility staff as needed. Based on observations, record reviews and interviews it was determined Resident #3 was not	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 100 interviewable. Telephone interview with a medication aide (MA) on 03/12/20 at 9:59am revealed: -She did not remember if Resident #3 was ordered Miralax without looking at the eMAR. -She administered medication if it was on the eMAR; if the Miralax was on the eMAR then Resident #3 should have been given it. -If the eMAR had documentation she administered Resident #3 the Miralax then she administered the Miralax. Telephone interview with Resident #3's family member on 03/11/20 at 3:27pm revealed: -She had never brought Miralax into the facility for Resident #3. -She received a monthly statement from the pharmacy and Miralax was not on any statements from the last three months. Interview with the Special Care Coordinator (SCC) on 03/12/20 at 3:15pm revealed: -She thought the MAs were pouring Resident #3 Miralax from another bottle. -She knew the MAs could borrow medication from another resident on a one-time basis, but the MAs should have known better than to borrow more than one time. -It was not an acceptable practice to use one bottle for all the residents. -She thought Resident #3 was administered Miralax because her bowel movements were consistent, and she had not been constipated. Interview with the Administrator on 03/12/20 at 6:04pm revealed MAs were only allowed to borrow from another resident's medication one time and only one dose.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 101 Refer to the interview with the DRC on 03/12/20 at 10:58 am. Refer to the interview with the Administrator on 03/12/20 at 3:30 pm. 3. Review of Resident #9's current FL-2 dated 08/08/19 revealed diagnoses included major depressive disorder, anxiety disorder, mild cognitive impairment, and gastro-esophageal reflux disease. a. Review of Resident #9's current FL-2 dated 08/08/19 revealed there was no medication order for Trazodone. Review of Resident #9's subsequent physician orders revealed there was an order dated 02/21/20 to start Trazodone 25 mg one tablet daily for anxiety. Review of Resident #9's March 2020 electronic medication administration record (eMAR) revealed: -There was an entry for Trazodone 50 mg take one-half tablet (25 mg) every morning, scheduled for 9:00 pm. -There was documentation of administration from 03/01/20 to 03/10/20 at 9:00 pm. Observation of medication on hand on 03/12/20 at 9:00 am revealed there was a new multi-pill package for Resident #9 and Trazodone was in the morning pill packages for seven days 03/13/20 to 03/19/20. Interview with a first shift medication aide (MA) on 03/12/20 at 9:01 am revealed: -The Resident Care Coordinator (RCC) verified orders in the eMAR system before the MAs were	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 102 able to administer the medications. -The RCC was able to change the times of administration for a medication. -He realized on 03/11/20, Resident #9's Trazodone was in the eMAR system with the incorrect time of administration. -Also, if a cart audit was done staff would have noticed the difference between the time of administration on the eMAR and the medication packaging. Interview with the RCC on 03/11/20 at 4:01 pm revealed: -She was responsible for ensuring the medication orders were verified for the Assisted Living (AL). -She changed the time of administration for Resident #9's Trazodone when it was keyed into the computer system by the pharmacy in February 2020. -She thought the default time was 1:00 am and she changed it to 9:00 pm without reviewing the physician's order again. Interview with the Director of Resident Care (DRC) on 03/12/20 at 11:04 am revealed: -She did not know Resident #9's Trazodone had the inaccurate time of administration on the eMAR. -The MAs and RCC were responsible for ensuring the eMAR entries were accurate. Interview with the Administrator on 03/12/20 at 3:28 pm revealed: -She was not aware of Resident #9's Trazodone scheduled time of administration was 9:00 pm, but that was what she would expect it to be because Trazodone was usually administered at night. -She thought that staff who changed the time also thought 9:00 pm was the correct time for	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 103	D 367		

administration.
-She expected staff to compare the order with the eMAR to ensure the eMAR entry was accurate.

Refer to interview with the DRC on 03/12/20 at 10:58 am.

Refer to interview with the Administrator on 03/12/20 at 3:30 pm.

b. Review of Resident #9's current FL-2 dated 08/08/19 revealed there was no medication order for amlodipine.

Review of Resident #9's subsequent physician orders revealed there was an order dated 02/14/20 for amlodipine 2.5 mg daily.

Review of Resident #9's March 2020 electronic medication administration record (eMAR) revealed:
-There was an entry for amlodipine 2.5 mg take one tablet daily, scheduled for 9:00 am.
-There was documentation of administration from 03/01/20 to 03/11/20 at 9:00 am.

Observation of medication on hand on 03/12/20 at 9:00 am revealed there was no amlodipine available for administration.

Interview with a first shift medication aide (MA) on 03/12/20 at 9:01 am revealed:
-He did cart audits when the Resident Care Coordinator (RCC) requested him to do so.
-He thought a cart audit would have shown Resident #9 did not have amlodipine available to administer.
-He saw that other MAs and himself had clicked on the amlodipine as though it was administered.
-He did not know why MAs documented giving

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 104	D 367		

the amlodipine, but the medication pass was a very busy time.
-Residents wanted their medications quickly and there were many other things happening on the unit during medication pass.
-He thought he and other MAs were going too fast and not reading the eMAR screen thoroughly when administering medications.

Interview with the RCC on 03/12/20 at 10:27 am revealed:
-She ensured the eMARs were accurate by doing cart audits.
-Cart audits were supposed to be done weekly, but she did the last cart audit on 02/07/20.
-She did not realize Resident #9's amlodipine was not available to administer on the cart until 03/09/20.
-She did not know MAs were documenting administering amlodipine even though it was not available to administer to Resident #9.
-She thought MAs were not reading the eMAR and not comparing the pill package with the eMAR before signing the medication off as administered.
-MAs were responsible for ensuring the eMARS were accurate.

Interview with the Director of Resident Care (DRC) on 03/12/20 at 11:01 am revealed:
-She did not know Resident #9's amlodipine was not available but was signed as given on the eMAR by MAs.
-MAs were expected not to sign for medications that were not administered.

Interview with the Administrator on 03/12/20 at 3:28 pm revealed:
-She thought staff were falsely signing off amlodipine for Resident #9 if amlodipine was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D 367	Continued From page 105 available to administer. -She thought staff needed retraining to reinforce notifying the RCC, pharmacy or physician if a medication was not available. Refer to interview with the DRC on 03/12/20 at 10:58 am. Refer to interview with the Administrator on 03/12/20 at 3:30 pm. Interview with the Director of Resident Care (DRC) on 03/12/20 at 10:58am revealed: -Anyone who had anything to do with the eMARs was responsible for making sure the eMARs were accurate. -She expected the MAs to follow the orders and document correctly. -If something was supposed to be administered, she would expect it to be administered unless there was an exception. -"If you gave something you document, if it is not documented you did not do it." -She was concerned about overall documentation. -She wanted to make sure the MAs were following the orders that were provided. Interview with the Administrator on 03/12/20 at 3:30pm revealed: -She was not sure who audited the eMARs. -She thought auditing the eMARs was completed by the management team, Resident Care Coordinator (RCC), Special Care Coordinator (SCC) and the Director of Resident Care (DRC). -She did not know their process for auditing the eMARs.	D 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D912	Continued From page 106	D912		
D912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure residents received care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations related to personal care and supervision, and medication administration. The findings are: 1. Based on observations, record reviews, and interviews, the facility failed to ensure supervision in accordance with current symptoms for 1 of 7 (#6) sampled residents with ten falls within three months. 2. Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered as ordered for 2 of 6 residents (#9 and #10) observed during the medication pass including errors with a high blood pressure medication and anxiety medication (#9) and a medication to treat side effects of psychotropic medications (#10); and for 3 of 7 sampled residents (#1, #2, and #3) for record reviews including two medications to treat depression, a sleep aid medication, a medication for insomnia, and a medication to treat dementia (#1), a eye drop (#2) and a medication to lower	D912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL092181	A. BUILDING: _____ B. WING _____	R 03/12/2020

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
D912	Continued From page 107 blood pressure (#3).	D912		

Attachment

NCAC 13F .0904 (d)(1) Nutrition and Food Service (Revised)

Food Service Requirements in Adult Care homes: Each resident shall be served a minimum of three nutritionally adequate, palatable meals a day at regular hours with at least 10 hours between the breakfast and evening.

In-service was held on __04/28/2020, for dietary and care staff regarding resident's rights and food service requirement. Rule area .0904 was covered, as well as the food service training manual developed by the Department. Certificates are maintained in the employee training file.

Dietary disposed of all juices which are not 100% fruit juice. Only 100% fruit juices will be served by the community, in accordance with menus signed by the Dietician.

Fruit juice and exchange are as follows: Two servings of fruit (one serving equals 6 ounces of juice; ½ cup of raw, canned or cooked fruit; 1 medium-size whole fruit; or ¼ cup dried fruit). One serving shall be a citrus fruit or a single strength juice in which there is 100% of the recommended dietary allowance of vitamin C in each six ounces of juice. The second fruit serving shall be of another variety of fresh, dried or canned fruit.

Dietary Manager visited a sister community to observe and shadow another dietary manager on 5.8.2020. Focus was placed on modified diet orders, portion sizes, and food exchanges. Dietary Manager practiced return demonstration in following the menu, mechanically altering diets including pureed, mechanical soft diet with chopped and ground meats, etc.

On 4.28.20, a report listing all current diet and supplement orders located in Matrixcare was run for audit. List will be compared to hard medical record, and to

5/8/2020

Executive Director

supplements being provided by families. This list will also be compared to what dietary has posted in the kitchen. Variances will have clarification obtained from the physician, with updates to the plan of care as indicated.

An all staff in-service was held on _04/28/2020 for all staff regarding menus and process to follow if menu did not match what was being served. In addition to the above, items addressed were as follows:

- Menus
- Substitution Log
- Resident rights
- Modified Diets
- .0904
- Provision of Milk to residents
- Thickened liquids

Breakfast and dinner to be monitored by Manager on Duty or the Dietary Manager Daily x2 weeks then twice weekly for two weeks and weekly thereafter to validate adherence to the menu, portion sizes and modified diet orders. Findings will be reviewed weekly during at risk and monthly during QA.

The Dietary Manager is responsible for following the menu, provision of adequate portion sizes, and following mechanically altered diets.

The Executive Director is responsible for the adherence to the meetings.

Date of Completion May 15, 2020

Rebecca Nix Executive Director
5/8/2020

NCAC 13F

Tag 367- SS amended 5/13/20

Attachment

The Residents medication administration record shall be accurate and include the following: resident name, name of the medication or treatment order, strength and dosage or quantity of medication administered, instructions for administering the medication or treatment, reason or justification for the administration of medications or treatments as needed (PRN) and documenting the resulting effect on the resident, date and time of administration. Documentation of any omission of medications or treatments and the reason for the omission, including refusals and the name or initials of the person administering the medication or treatment. If initials are used, a signature equivalent to those initials is to be documented and maintained with the medication administration record..

Medication Error Reports were completed for Residents #2, #3 and #9.

Refer to attachment on page

The Covington's preferred pharmacy provider dispenses medications by means of a 7-day cycle fill with multi-dose packaging. Routine medications are delivered weekly. Bulk items are ordered on demand. New orders are faxed to the pharmacy or escribed, delivered within 24 hours, and will be in the MDP the following week.

Medications are verified by use of the delivery manifest. Cycle fill should be verified within 24 hours of delivery and cross checked against the MAR on consumption date by a qualified associate responsible for medication administration, preferably the SIC. Focus will be placed on ensuring the medications in the bubble match the medications and the hour of administration codes on the MAR.

Medications not available for administration will be procured by the qualified medication associate noting the missing med. The pharmacy will be notified, and additional action taken as indicated.

Medication staff are responsible for medications being available for administration.

Rolanda Nixon Executive Director
5/8/2020

	Cart audits will be performed weekly by the care managers on the day of consumption. Care managers will utilize the Physician Orders Form, utilized by the qualified medication associate responsible for placing the cycle fill on the cart for consumption. Focus will be placed on bulk medications not included in the cycle fill, such as controlled substances, eye drops, oral inhalers, insulin, liquids and powders. For controls, the number of pills in the cart will be placed beside of the medication, on the Physician Orders Form. For Bulk meds, the date of fill and the size of the bottle/quantity dispensed will be written beside of the medication, on the Physician's Order form. The Resident Care Director will review the completed cart audits for completion and follow-up. Medications found to be outside of the dates the medications supply should have been exhausted, will be reviewed against the MAR. Medication Error reports will be completed as indicated, by the RCD, and reviewed weekly during the "At Risk Meeting", and Monthly during QA. On 4/7/2020 all staff responsible for medication administration were in-serviced utilizing the Guidelines for completing the medication skills checklist and applicable facility policies referenced. Focus was placed upon triple checking the order versus the MAR to ensure you are following the six rights of medication administration. All qualified staff responsible for medication administration will be observed passing medications by a RN over the next 90 days. Additional training needs identified will be addressed. The RCC, SCC and DRC are responsible for the oversight of medication administration.

Executive Director
5/8/2020