STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL078038	A. BUILDING: 01 B. WING _____	R 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT CARE	600 MT. MORIAH ROAD LUMBERTON, NC 28360

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of a Biennial Follow Up Construction Survey by Suzanna Fay conducted on August 3, 2023. There are deficiencies from the Biennial Construction Survey that remain to be corrected.	{C 000}		
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 3. Based on observation, the building plumbing fixtures are not free of all obstructions and hazards. Findings on August 3, 2023: a. Bath 2 - the commode is not secure to the floor. At the time of the follow up survey, the toilet was removed and sitting beside the floor opening.	{C 166}	Observation A commode has been replaced & resecured back in its place in bathroom #2. It has a new seal & was secured to the floor. Along with all other commodes being checked & resecured as well. Observation A was corrected on 8-7-23. Administrator will have staff check commodes regularly & will check behind them as well.	8-7-23
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and	{C 189}		

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
	HAL078038	A. BUILDING: 01 B. WING _____	R 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT CARE	600 MT. MORIAH ROAD LUMBERTON, NC 28360

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 1 operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Fire Alarm system is not maintained in a safe and operating condition. This would affect all by not providing early detection and activation of the fire alarm system. Findings on August 3, 2023: a. Original findings on 07/21/2022 revealed the fire alarm panel showing a trouble signal. Observation and interview on 11/29/2022 revealed the system is showing trouble again at the follow up survey. Staff indicated the electrician had been out earlier and has identified the problem as a phone line issue and this needs to be coordinated with the phone service provider. On August 3, 2023, interview with staff revealed that they had not been able to resolve the phone line issue. An electrician was on site to install a wireless remote. Interview with the electrician revealed that the FACP was not compatible with the remote device and is recommending a new panel due to the age of the equipment. The outside monitoring company is currently not receiving a signal when the fire alarm is activated. 4. Based on observation, the Building is not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier do not close completely and latch to restrict fire and smoke. This could affect all residents, staff, and visitors by not containing the smoke of the fire in the compartment of origin.	{C 189}	Observation A mentioned an electrician on site for the day of the inspection. The electrician said the panel needed to be replaced due to the age & problem's with connecting to the current systems. Electrician said they would send a statement on 8-25-23 it had not been received yet so we contated them. The electrician said they were having problems with emails & would hand deliver it. As soon as the facility receive the statement we will start the process of replacing the panel, & have them order any parts needed. Observation A will be completed by 9-30-23. Maintance & checks will be done by administrator or called by administrator on the schedul the electrician recomends.	9-30-23

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
	HAL078038	A. BUILDING: 01 B. WING _____	R 08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT CARE	600 MT. MORIAH ROAD LUMBERTON, NC 28360

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 2 Findings on August 3, 2023 : a. Right Hall, Smoke Barrier near Bedroom 22 - the right leaf of the double-egress cross-corridor doors does not latch into its frame when the fire alarm system releases the doors. b. Main Hall, Smoke Barrier near Bedroom 12 - at the time of the follow up survey, the right hand door still did not latch when released.	{C 189}	A replacement part is to be ordered for Observation A & B. If part does not fix the problem the intire mechanism on the doors will have to be ordered & replaced. Observation A & B will be corrected by 9-30-23. During Fire drills all doors will be checked to make sure they are in proper working condition.	9-30-23
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation and testing with a thin plastic sheet, the facility does not provide working exhaust ventilation in the required spaces. Findings on August 3, 2023: a. Mop Room across from Bedroom 22 - the exhaust ventilation system is not working.	{C 199}	Observation A exhaust ventalation system in mop closet across from Room #22 has been checked by our HVAC Repair man. He suggested we have someone else look at it. Said it may have something to do with the fire panel, but not sure. Observation A will be corrected by 9-30-23. Administrator will check as part of monthly checklist.	9-30-23

Name Brittany Wood Date 8-30-23