

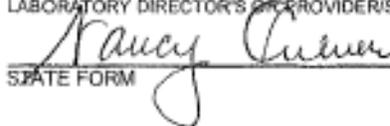
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL063016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/05/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE COVENTRY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 GOSSMAN DRIVE SOUTHERN PINES, NC 28387</b>
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(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
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on May 5, 2015.</p> <p>Records indicate this facility was first licensed or submitted for licensure on or about June 14, 1996 for fifty Beds. On August 28, 2013 the facility add ten beds for a total of sixty beds. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1- Group I.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>	C 000	<p>CONSTRUCTION SECTION</p> <p>JUL 23 2015</p> <p>10:20 AM</p>	
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p>	C 101	<p><i>See attached</i></p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Director of Assisted Living	(X6) DATE 7-1-15
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C 101	Continued From page 1  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet the Building Code requirements of Section 409.1.5 and Table 409.1.5 of the 1996 NC State Building Code for "Protection From Hazardous Areas". This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on May 5, 2015: a. The Previous Office now Storage Room, near the second floor Elevator, occupancy has changed to storage of combustibles, altering the room's fire load to a Hazardous area; requiring fire-resistance-rated separation walls and protective openings.	C 101 ✓		
C 148	Corridors-Handrails  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load;  This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having stable handrails in the corridor. This deficiency affects all residents, staff and visitors who use this unstable handrail by not providing increasing safety, stability/balance, and maneuverability required of these devices. Findings on May 5, 2015: a. The handrail was loose. Locations of specific examples include but are not limited to:	C 148 ✓	<i>See attached form Karey Culver</i>	



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C 164	Continued From page 3 3. Based on observations, the facility has failed to maintain the furniture clean and in good repair. Findings on May 5, 2015: a. Patio furniture near Bedroom 121, was unstable. Deficiency corrected before Construction Surveyors departed the site	C 164	✓	
C 183	Fire Extinguishers  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.  This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on May 5, 2015: a. Access to the portable fire extinguisher, mounted inside of an opaque cabinet, was blocked with a table and lamp, across from the Reception Desk.	C 183	✓	
C 184	Fire Safety-Evacuation plan  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official shall be prepared in large print and posted in a	C 184		

*See attached form  
Nancy Culver*

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C 184	<p>Continued From page 4</p> <p>central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the building failed to properly post and maintain the evacuation diagrams. This would affect all residents, staff and visitors by not providing proper guidance during an emergency.</p> <p>Findings on May 5, 2015:</p> <p>a. The mounted evacuation diagram across from Reception Desk was improperly oriented.</p>	C 184	✓	
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to provide an environment in</p>	C 185	<p><i>See attached form</i> <i>Nancy Kuler</i></p>	

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C 185	Continued From page 5  accordance with this Rule. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building. Findings on May 5, 2015: a. The Facility runs 2-12 hour shifts. There was no documentation of first shift's rehearsal for the first and third quarters, and second shift's rehearsals for the first quarter of the last 12 months. b. The fire plan rehearsal records provided only a limited description of what the rehearsal involved	C 185  ✓  ✓		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on May 5, 2015: a. The left leaf, of the cross-corridor double-egress doors near Nursing Office, did not	C 189           ✓	<i>See attached form Nancy Culver</i>	

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C 189	<p>Continued From page 6</p> <p>latch when the fire alarm system released the doors.</p> <p>b. One of the leafs, of the cross-corridor double-egress doors, near Bedroom 112, had an astragal that was loose and did not provide a smoke tight seal between the meeting edges of the doors when the fire alarm system released the doors,</p> <p>2. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on May 5, 2015:</p> <p>a. There were gaps around cables that penetrate through the fire-resistance-rated ceiling assembly in the Sprinkler Room, ✓</p> <p>b. The smoke barrier wall assembly above corridor had a 1 ½ inch diameter hole with cable penetration not sealed, ✓</p> <p>c. The Basement Electrical Room wall had a 2 inch square hole not sealed, ✓</p> <p>d. The joints of the gypsum smoke barrier wall assembly in the attic, (tape and joint compound) have separated from the wallboard and can no longer resist the passage of fire and or smoke,</p> <p>e. The ceiling had an unprotected gap around a metal conduit penetration in the Janitor Closet,</p> <p>f. The ceiling had a metal conduit penetration sealed with fire caulk not covering the backup mineral wool in the Janitor Closet,</p> <p>g. The attic access door between Bedrooms 101 and 103 would not close and latch properly, leaving a gap on the latch side.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition,</p>	C 189	<p><i>1a+b</i></p> <p><i>See attached form</i> <i>Karen Fisher</i></p>	
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C 189	<p>Continued From page 7</p> <p>because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on May 5, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed in the Basement Storage Room.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on May 5, 2015:</p> <p>a. The pair of cross-corridor doors in the elevator Lobby near Bedroom 102 hits the vinyl transition strip on the floor when the fire alarm system released the doors.</p> <p>5. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components failed to function as originally intended. This could affect all residents, staff and visitors if the component does not function and cannot contain smoke/fire in the fire compartment of origin. Findings on May 5, 2015:</p> <p>a. The ¾ hour rated pair of doors for Basement Storage Room were equipped with a manual flush bolt in the "inactive leaf" circumventing the requirement for these doors to be self-closing and latching.</p>	C 189	<p><i>See attached form</i></p> <p><i>Kacey Oliver</i></p>	
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*repaired*

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C 189	<p>Continued From page 8</p> <p>6. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on May 5, 2015:</p> <p>a. Several portable medical oxygen cylinders were stored standing up in beverage crates not secured to the structure. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>i. Bedroom 209 (4)</li> <li>ii. 2nd Floor Med Prep (4)</li> </ul> <p>b. Several portable medical oxygen cylinders were stored standing up not secured to the structure. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>i. Bedroom 208 (1)</li> <li>ii. 2nd Floor Med Prep (4)</li> <li>iii. 1st Floor Med Prep (9)</li> </ul> <p>c. Several portable medical oxygen cylinders were stored lying on their side. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>i. 1st Floor Med Prep (10 small and 5 large)</li> </ul> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on May 5, 2015:</p> <p>a. The HVAC duct mounted smoke detectors Basement Mech Room had no access door to inspect and clean the duct detector sample tubes.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition,</p>	C 189	<p style="text-align: center;"><i>See attached form</i></p>	

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C 189	<p>Continued From page 9</p> <p>because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. This would affect all residents, staff and visitors, if the fire suppression system does not operate in a timely manner and cannot contained fire in the Room of origin.</p> <p>Findings on May 5, 2015:</p> <p>a. The fire sprinkler escutcheon plate and piping had dropped down from the ceiling in the 1St Floor Laundry</p> <p>9. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin.</p> <p>Findings on May 5, 2015:</p> <p>a. The Previous Office now Storage Room near the second floor Elevator had its corridor door held open with a mechanical "kick-downs."</p> <p>10. Based on observation, the Building was not maintained in a safe and operating condition, because the electrical power system was not being operated or maintained safely.</p> <p>Findings on May 5, 2015:</p> <p>a. The electrical power receptacle was pushed back into the wall in the Activity lounge.</p> <p>11. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency.</p> <p>Findings on May 5, 2015:</p>	C 189	<p><i>See attached form</i> <i>Karen Fisher</i></p>	

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C 189	Continued From page 10  a. The exit door near Bedroom 121 had been blocked with chairs on the exterior. Deficiency corrected before Construction Surveyors departed the site	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS  (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (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 facility failed to prevent the use of unvented & portable electrical heater in the facility. This could affect all residents, staff and visitors if heater were the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on May 5, 2015: a. A portable electric heater was found in the Executive Director Office Bathroom.	C 191		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be	C 199		

*see attached form*  
*Nancy Culver*

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C 199	<p>Continued From page 11</p> <p>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:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors.</li> </ol> <p>Findings on May 5, 2015:</p> <ol style="list-style-type: none"> <li>a. There was no ventilation to the following locations to include but not limited to:             <ol style="list-style-type: none"> <li>i. 1st Floor Laundry.</li> </ol> </li> </ol>	C 199	<p style="text-align: center;"><i>See attached form Nancy Rubin</i></p>	
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Re: The Coventry – HA Biennial Survey  
105 Gossman Drive  
Southern Pines – Moore County  
FID #9640429 HAL063-016  
Date of Survey: May 5, 2015

*Attachment*

Please note it is our intention to correct any and all deficiencies cited as quickly as possible, but to mandate completion of all corrections from 60 days from date of survey (5/5/15) is not acceptable when the SOD was not received at our community until June 23, 2015. We will certainly do our best to comply as quickly as possible; we were told by Mr. Miller, we would receive the SOD within 10 days of completion of the survey. However your correspondence indicates the SOD and the accompanying letter was not completed until June 18, 2015 – almost 6 weeks after the survey. It is with that understanding, we submit the following:

#### **Tag ID C 101**

The previous office now storage room by on the second floor by the elevator was originally a storage area prior to its use as a temporary office; there are no heat or air ducts, no means of egress other than the door, is listed on the evacuation plan and the original building plans as storage and has fire-resistance-rated separation walls and a protective opening. Occupancy has always been storage and the room was only used on a temporary basis as office space.

#### **Tag ID C 148**

A complete inspection of the hand rail on both the first and second floor will be conducted no later than July 15 2015. Plant Operations will tighten all loose areas and make any necessary repairs on that date to ensure stability. A preventative monthly work order will be created by Plant Operations to insure any areas of the handrail that become unstable are attended to in a timely manner.

#### **Tag ID C 164**

- 1) Apartment 202's prevalent urine odor was corrected by removing all carpeting in the apartment as well as discarding all upholstered furniture as well as the mattress and the box spring. New vinyl flooring was installed and all furniture was replaced with chairs with washable seating surfaces. A new mattress and box springs were installed with waterproof covers on each. Housekeeping services and direct care staff will ensure daily cleaning of any areas of urine and weekly checks will be conducted by the Director or the Director's designee. Flooring and replacement of all soiled items was completed by June 11, 2015. – Corrected
- 2a) Plant Operations raised the ice machine drain for proper drainage on May 8, 2015 to avoid any possible clogging and potential contamination of the ice. A preventative monthly work order was created by Plant Operations to avoid any further concerns with the drain. Corrected
- 2b) The wood panel in the 2<sup>nd</sup> floor laundry room was replaced by installation of fire rated sheetrock. It was taped and joint compounded on June 12, 2015. The area will be sanded and painted by July 15, 2015.
- 3) Patio furniture by Studio 121 was discarded prior to the close of the survey.-Corrected

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*attachment*

5)

a) A latch bolt was added to the basement storage doors on June 12, 2015 to ensure the doors were self-closing and latching as required. – Corrected

6)

a, b, c) All oxygen cylinders in all areas (medication prep areas and residents' rooms will be stored upright in secure, appropriate crates. The community has contacted an oxygen company to replace all beverage crates and provide secure crates appropriate for all size oxygen cylinders. All oxygen cylinders will be appropriately stored by July 15, 2015.

7) Access doors were added to the basement mechanical room to allow for inspection and cleaning duct detector sample tubes on or about June 26, 2015. - Corrected

8) The fire sprinkler escutcheon near the first floor laundry room was adjusted on or about June 26, 2015 to ensure escutcheon is flush to the ceiling and completely covering the ceiling penetration for the sprinkler pipe. - Corrected

9) The second floor storage room's kick down was removed on May 6, 2015. - Corrected

10) The electrical wall outlet in the Activity lounge was repaired on May 12, 2015. - Corrected

11) All chairs blocking exit near Studio 121 were removed prior to the survey exit. – Corrected

#### Tag ID C 191

1) The portable electric heater in the Resident Care Coordinator's office had been removed from a resident's room. It was not plugged in nor had it been used at any time. It was to be discarded or returned to the resident's family. It has now been discarded. – Corrected.

#### Tag ID C 199

Ventilation will be installed in the 1<sup>st</sup> floor laundry by July 15, 2015.

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*attached*

**Tag ID C 183**

Access to the portable fire extinguisher was corrected on May 5, 2015. The table & lamp was moved allowing unobstructed access area to the cabinet containing the fire extinguisher. - Corrected

**Tag ID C 184**

The mounted evacuation diagram across from the reception deck will be re-rendered and properly oriented by July 15, 2015.

**Tag ID C 185**

Quarterly fire rehearsals will be documented for each 12 hour shift beginning June 2015. Fire rehearsal records will include a detailed description of the rehearsal. Plant Operations will design the new forms and conduct all fire rehearsals. The Director or the Director's designee will ensure all fire rehearsals are completed and well documented. Copies of all fire rehearsals will be maintained by plant operations and the AL Director. All new fire rehearsal forms will be completed by July 15, 2015.

**Tag ID C 189**

- 1)
  - a) The latch of left leaf of the cross-corridor double egress doors near the Nursing office was repaired on June 12, 2015. - Corrected
  - b) The astragal on the cross corridor doors near Studio 112 was tightened to provide a smoke tight seal between the meeting edges on June 12, 2015. - corrected
- 2)
  - a, b, c,) Gaps around the cables penetrating the fire-resistance-rated ceiling in the Sprinkler room, the smoke barrier wall assembly hole with cable penetration and the square hole in the basement wall were sealed with fire-caulk on June 12, 2015. - corrected
  - d) The joints of the gypsum smoke barrier wall assembly in the attic was taped and joint compounded to form a tight seal – corrected.
  - e, f) The metal conduit penetration and the backup mineral wool in the janitor closet were sealed with fire caulk on June 12, 2015. - Corrected
  - g) The attic access door between Studio rooms 101 and 103 was repaired to close and latch properly; a new latch was installed closing the gap on the latch side on June 12, 2015. - Corrected
- 3) The ballast in the wall-mounted emergency light was replaced on June 12, 2015 and was tested to ensure it was operational on backup power. - Corrected
- 4) The cross-corridor doors near Studio 102 were removed and trimmed on June 12, 2015 to allow the doors to close and latch when the fire alarm system releases the doors. – Corrected