

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>			
(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	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller and Greg Cates on September 9, 2015.</p> <p>Records indicate that the Facility was first licensed on April 8, 1991. The facility is currently licensed for One Hundred Twenty (120) residents including Sixty (60) Special Care residents. Based on this information, the facility is required to meet the 1991 Minimum and Desired Standards and Regulations for the Licensing of Adult Care Homes; applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds; and the 1991 North Carolina State Building Code, Section 514.1- Institutional (I) Occupancy- Unrestrained. A sprinkler system was added in 2006 and is required to meet the 2006 North Carolina State Building Code.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>		C 000		
C 110	<p>Construction-Meet Sanitary Requirements</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>(e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina.</p>		C 110		

Division of Health Service Regulation

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

TITLE

(X6) DATE

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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 110	<p>Continued From page 1</p> <p>Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no cost.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on record review, and interview with Executive Director, the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections.</li> </ol> <p>Findings on September 9, 2015:</p> <ol style="list-style-type: none"> <li>a. Records indicate that the last annual Building Sanitation Inspection Report was performed on February 4, 2013,</li> <li>b. Records indicate that the last annual Fire Marshal Inspection report performed on January 29, 2013, listed several pages of deficiencies that have not been corrected, that must be addressed.</li> <li>c. Records indicate that the last Fire Sprinkler System Inspection and Testing report in accordance with NFPA 25, was performed on September 18, 2013.</li> </ol>	C 110		
C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are:</p> <p>(4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Based on observation, the Building was not</li> </ol>	C 150		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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 150	<p>Continued From page 2</p> <p>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 September 9, 2015:</p> <p>a. The following Stairways on the ground floor are being used as storage. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>i. Central Stairway</li> <li>ii. East Stairway,</li> <li>iii. North Stairway</li> </ul> <p>b. On the Second Floor in the west Stairway, the landing was being used as a holding area for dirty laundry.</p> <p>c. In the Laundry the exterior exit was blocked with a laundry cart and chair.</p>	C 150		
C 164	<p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <ul style="list-style-type: none"> <li>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</li> <li>(2) have no chronic unpleasant odors;</li> <li>(3) have furniture clean and in good repair;</li> <li>(e) This Rule shall apply to new and existing facilities.</li> </ul> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair.</p> <p>Findings on September 9, 2015:</p> <p>a. There was a pattern exhibited where the suspended ceiling tiles throughout the facility were not properly placed in the supporting grid, or</p>	C 164		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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 164	<p>Continued From page 3</p> <p>were broken/chipped.</p> <p>b. The gypsum wall repairs in the Serenity Spa needed to completed and painted.</p> <p>c. There was a pattern exhibited where most of the Corridor Closets on the 1st and 2nd floors had large areas of their back walls missing, were it appears plumbing pipes had been accessed.</p> <p>d. There was a pattern exhibited where most of Bedroom Closets doors were missing, creating an untidy appearance.</p> <p>e. The seamless flooring was coming apart at the welds making it difficult to clean and is creating tripping hazards as if rolls up. Locations of specific examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>i. 2nd Floor Staff Station</li> <li>f. There was a pattern exhibited where many of the ceilings were stained throughout the facility.</li> <li>g. In the beauty shop there was an active leak in the ceiling.</li> <li>h. The floors and walls were dirty at the following locations to include but not limited to:</li> <ul style="list-style-type: none"> <li>i. Staff Stations 1st and 2nd floors,</li> <li>ii. Med Prep 1st and 2nd floors,</li> <li>iii. Nutrition Station 1st and 2nd floors</li> <li>i. The wall base was missing in the following areas. Locations of specific examples include but are not limited to:</li> <ul style="list-style-type: none"> <li>i. Closet next to Bedroom 233,</li> <li>ii. Closet next to Bedroom 234,</li> <li>iii. Bedroom 248, Closet</li> <li>iv. Bedroom 104, Bathroom,</li> <li>v. Kitchen near Dishwasher</li> </ul> <li>j. There was a pattern exhibited where most of the Room signage had been remove for renovations or repairs and not reinstalled.</li> </ul> </ul>	C 164		
C 166	Housekeeping-Maintained Free of Hazards	C 166		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092181</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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 166	<p>Continued From page 4</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;</p> <p>(e) 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 plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts.</p> <p>Findings on September 9, 2015:</p> <p>a. In the Bathrooms of the Bedrooms the wall mounted sinks were coming loose from the wall. Locations of specific examples include but are not limited to:</p> <p>i. Bedroom 208, ii. Bedroom 130</p> <p>2. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles free of hazards. This could affect all residents, staff and visitors if in the event of a fire the dampers do not close completely to contain the fire within the room of origin.</p> <p>Findings on September 9, 2015:</p> <p>a. The return HVAC and ventilation grilles have an excessive accumulation of dust/lint thought-out the Facility.</p> <p>b. The return HVAC grille in the corridor outside second floor Staff Station has an excessive accumulation of dust/lint.</p>	C 166		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092181</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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 166	<p>Continued From page 5</p> <p>3. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts.</p> <p>Findings on September 9, 2015:</p> <ul style="list-style-type: none"> <li>a. There was water on the floor around the commode.</li> <li>b. In the Med Prep Room on the 2ND floor the sink had no water and drain smelled.</li> </ul> <p>4. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair.</p> <p>Findings on September 9, 2015:</p> <ul style="list-style-type: none"> <li>a. The lens/globe to the light fixtures were either broken or missing. Locations of specific examples include but are not limited to: <ul style="list-style-type: none"> <li>i. Staff Station 2nd Floor, broken lens</li> <li>ii. Bedroom 225 , missing globe,</li> </ul> </li> </ul> <p>5. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This rule is not being met because facility equipment is not being maintained in a safe operating manner. This would affect all residents, staff and visitors, if equipment in disrepair injury someone.</p> <p>Findings on September 9, 2015:</p> <ul style="list-style-type: none"> <li>a. The electrical power outlet and switch cover plate was broken at the sink in the Serenity Spa.</li> <li>b. In the 2nd floor Staff Station toilet room the light switch was broken.</li> <li>c. In Nutrition Station on 2nd floor the electrical power receptacle near the burner had an open neutral.</li> <li>d. In Nutrition Station on 2nd floor an electrical</li> </ul>	C 166		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092181</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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 166	Continued From page 6  power receptacle was falling out of the wall. e. Many PTAC units were missing their electrical power receptacles cover plate.	C 166		
C 185	Fire Safety-Rehearsals on Each Shift  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director the facility failed to rehearse the fire plan quarterly on each shift. This deficiency affects all residents, staff and visitors by not having trained staff and trained/cooperative residents when a there is a need to evacuate the building. Findings on September 9, 2015: 1. The Facility utilizes three working shift daily, but the fire plan rehearsals for the last 12 months were only documented as follows; 2 on first shift, 2 on second shift and, 1 on third shift..	C 185		
C 188	Electrical Outlets in Wet Locations  SECTION .0300 - PHYSICAL PLANT	C 188		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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 188	<p>Continued From page 7</p> <p>10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles in wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices.</p> <p>Findings on September 9, 2015:</p> <p>a. There was a pattern exhibited where many of the electrical power receptacles, which are within six feet of wet areas, did not have electrical power therefore; confirmation of ground fault protection could not be verified.</p>	C 188		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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.</p> <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> <p>1. Based on observation, this facility, which was equipped with Special Locking (magnetic locks) on the exit doors, failed to maintain the system as required by the NC State Building Code in effect when the locking system was installed. This</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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	<p>Continued From page 8</p> <p>could affect all residents, staff and visitors if the facility cannot egress quickly during an emergency.</p> <p>Findings on September 9, 2015:</p> <ul style="list-style-type: none"> <li>a. When the fire detection system was activated, the exit doors unlocked but reenergized when fire detection system was placed in silence.</li> <li>b. The emergency release switches in the staff stations, on the 1st and 2nd floors, did not interrupt the power to the locking devices as required.</li> <li>c. The emergency release switch for the special locking system, located at back exit near Therapy had its cover secured with a standard ty wrap. The emergency release switch must be accessible, without the use of a tool or knife at all times.</li> </ul> <p>2. 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 fire and smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin.</p> <p>Findings on September 9, 2015:</p> <ul style="list-style-type: none"> <li>a. Near Serenity Spa on 2nd floor, both of the double-egress cross-corridor doors leaves hit each other and did not latch when the fire alarm system released the doors.</li> <li>b. Near Serenity Spa on 2nd floor, the back leaf of the double-egress cross-corridor doors had a split on its jamb.</li> </ul> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire and smoke resistance of doors the NC State Building Code defines as "Hazardous Area". This could affect all residents, staff and visitors if smoke/fire is not contained in</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092181</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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	<p>Continued From page 9</p> <p>Room or fire compartment of origin. Findings on September 9, 2015:</p> <ul style="list-style-type: none"> <li>a. In the Laundry Chute Room has a corridor door whose strike was filled with a paper towel keep the door from latching.</li> <li>b. In the Laundry Chute Room has a corridor door that the door closer has been removed.</li> <li>c. The laundry Chute door was missing its fusible Link.</li> <li>d. Many of the exit Stairway doors, when open more the 45 degrees, rubbed the floor and became stuck and did not close back. These door must remain closed so fire is kept out of the stairways.</li> </ul> <p>4. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler heads have obstructed. This could affect all residents, staff and visitors if fire is not contained in Room or compartment of origin. Findings on September 9, 2015:</p> <ul style="list-style-type: none"> <li>a. The fire sprinkler head in the Laundry Chute was (loaded) covered with lint.</li> <li>5. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on September 9, 2015:</li> </ul> <ul style="list-style-type: none"> <li>a. In Laundry the Janitor closet door was equipped with a barrel bolt on the outside,</li> <li>b. The pantry was equipped with hasp hardware and padlock without an override device.</li> <li>c. The exterior Main Dining Room door was very difficult to operate.</li> </ul> <p>6. Based on observation, the Building was not</p>	C 189		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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	<p>Continued From page 10</p> <p>maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.</p> <p>Findings on September 9, 2015:</p> <ul style="list-style-type: none"> <li>a. The corridor door assembly to Bedroom 201 had a <math>\frac{1}{4}</math> inch to zero gap between the top edge of the door and the bottom of the doorframe's stop.</li> <li>b. The corridor door assembly to Bedroom 262 does not close and latch.</li> </ul> <p>7. 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. This would affect all staff, by allowing unsafe conditions to persist.</p> <p>Findings on September 9, 2015:</p> <ul style="list-style-type: none"> <li>a. In the following Rooms, many items are being stored directly in front of the electric panels, encroaching upon the required clear working space. Locations of specific examples include but are not limited to: <ul style="list-style-type: none"> <li>i. Maintenance Office/Mech Room 2nd floor.</li> <li>ii. Kitchen Mech Room</li> <li>iii. Laundry room,</li> </ul> </li> </ul> <p>8. 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.</p> <p>Findings on September 9, 2015:</p> <ul style="list-style-type: none"> <li>a. Several portable medical oxygen cylinders</li> </ul>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL092181</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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	<p>Continued From page 11</p> <p>were stored standing up in beverage crates not secured to the structure. Locations of specific examples include but are not limited to:</p> <p>i. 1 Bottle, Bedroom 260.</p> <p>b. Several portable medical oxygen cylinders were stored upside down in racks in the oxygen Storage Rooms on both 1st and 2nd floors.</p> <p>9. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions.</p> <p>Findings on September 9, 2015:</p> <p>a. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines. The hoses are at the following locations to include but not limited to:</p> <p>i. The Tub in Bedroom 223</p> <p>ii. The Tub in Bedroom 130/</p> <p>iii. The shower in the Shower room near Bedroom 107,</p> <p>iv. The mop sink in the Janitors Closet,</p> <p>vi. The shampoo sink in the Beauty Shop.</p>	C 189		
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(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:</p>	C 199		

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL092181	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE COVINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>4510 DURALEIGH ROAD</b> <b>RALEIGH, NC 27615</b>		
(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 199	<p>Continued From page 12</p> <p>(1) soiled linen storage;  (2) soil utility room;  (3) bathrooms and toilet rooms;  (4) housekeeping closets; and  (5) laundry area.</p> <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> <p>1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by subjecting them to odors.</p> <p>Findings on September 9, 2015:</p> <p>a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to:</p> <p>i. Bathroom of Bedroom 208,  ii. Bathroom of Bedroom 261</p>	C 199		