

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>HAL080023</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>04/13/2016</b> |
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NAME OF PROVIDER OR SUPPLIER: **DEAL CARE INN**  
STREET ADDRESS, CITY, STATE, ZIP CODE: **1075 DEAL ROAD MOORESVILLE, NC 28115**

| (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 April 13, 2016.</p> <p>Records indicate that this Facility was licensed as a Home for the Aged serving 21 ambulatory residents on November 1, 1976. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1967 North Carolina State Building Code Section 407 Group "D" Institutional Unrestrained Occupancy.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p>                                                                                                                                                                                                                                                                                                                                           | C 000         |                                                                                                                 |                    |
| C 143              | <p>Janitor's Closets-Locked</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(f) The requirements for storage rooms and closets are:</p> <p>(B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building was not maintained in a safe manner by not having separate locked areas for substances that may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who may accidentally use or come in contact with one of these hazardous substances.</p> <p>Findings on April 13, 2016:</p> <p>a. Tool Shed - the door was open and pesticides, and other hazardous substances</p> | C 143         | <p>Tool shed storage installed new lock. Door will remain locked at all times</p>                               | <p>4-13-16</p>     |

Division of Health Service Regulation

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

*Georgetta Johnson*

*Administradora*

(X6) DATE

5/5/16

Division of Health Service Regulation

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| C 143              | Continued From page 1 present,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C 143         | —                                                                                                               |                    |
| C 148              | <p>Corridors-Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(g) The requirements for corridors are:<br/>(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;</p> <p>This Rule is not met as evidenced by:<br/>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.</p> <p>Findings on April 13, 2016:<br/>a. Corridor across from Bedroom 10 - the handrail bracket was loose,</p> | C 148         | <p>Handrail bracket properly secured across from room # 10.</p>                                                 | 4-19-16            |
| C 160              | <p>Outside Premises-Clean, Safe</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0305 PHYSICAL ENVIRONMENT</p> <p>(m) The requirements for outside premises are:<br/>(1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;</p> <p>This Rule is not met as evidenced by:<br/>1. Based on observation, the outside grounds were not maintained in a clean and safe</p>                                                                                                                                                                                                                                                                                                                                                                           | C 160         |                                                                                                                 |                    |

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| C 160              | <p>Continued From page 2</p> <p>condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions, tripping hazards or have equipment in disrepair. Findings on April 13, 2016:</p> <p>a. Back and Right Side - this area was spotted with new roof shingle,</p> <p>b. Front Sidewalk - the concrete sidewalk had and eighteen inch area were the top half inch of concrete has spalled or chipped off. This makes it difficult for some wheel chairs and walkers to traverse.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C 160         | <p>All loose shingles and materials have been removed - 4/19/16<br/>Front sidewalk concrete to be patched for smooth transition 5/31/16</p> | 16                 |
| C 164              | <p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT<br/>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</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 facility failed to prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to an unpleasant environment. Findings on April 13, 2016:</p> <p>a. Bedroom 3 - there was a strong urine odor that persisted during the Construction Survey,</p> <p>2. Based on Observation, the facility failed to have walls, ceilings, and floors or floor coverings, kept clean and in good repair. Findings on April 7, 2016:</p> <p>a. Throughout the Corridors - the floor finish</p> | C 164         | <p>Bedroom # 3. Deeply cleaned + urine free 4/14/16</p>                                                                                     | 16                 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION<br>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>A. BUILDING #1<br>(X2) MULTIPLE CONSTRUCTION                                                                  | NAME OF PROVIDER OR SUPPLIER<br><br>DEAL CARE INN<br>1075 DEAL ROAD<br>MOORESVILLE, NC 28115<br>STREET ADDRESS, CITY, STATE, ZIP CODE | ID PREFIX TAG<br>ID PREFIX TAG<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| (X3) DATE SURVEY COMPLETED<br>04/13/2016                                                                                                                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)                    | C 164<br>C 166                                                                                                         | Continued From page 3<br>was dirty, cracked and/or in need of waxing.<br>b. Tub room - tub was heavy stained.<br>3. Based on Observation, the facility failed to provide an environment in good repair. This would affect all residents, staff and visitors by exposing them to, unclean conditions and equipment in disrepair.<br>Findings on April 13, 2016:<br>a. Bedroom 2 Bathroom - the globe to the light fixture was missing.<br>SECTION 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br>This Rule is not met as evidenced by:<br>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.<br>Findings on April 13, 2016:<br>a. Bedroom 8 Bathroom - the connection of the commode to the floor was loose.<br>2. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done. This could affect all residents, staff and visitors if items are                                                                                                                                                                                                                                                                                                  |
| All facility flooring to be cleaned properly on 4/13/16<br>new flooring currently on going<br>being installed.<br>Tubroom Tub to be properly cleaned - 5/31/16<br>Bedroom 2 Bathroom light fixture to be replaced - 5/31/16 | Bedroom 8 toilet floor<br>floor mats to be replaced 4/19/16                                                                           | C 164<br>C 166                                                                                                         | Housekeeping-Maintained Free of Hazards<br>SECTION 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br>This Rule is not met as evidenced by:<br>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.<br>Findings on April 13, 2016:<br>a. Bedroom 2 Bathroom - the globe to the light fixture was missing.<br>SECTION 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;<br>(e) This Rule shall apply to new and existing facilities.<br>This Rule is not met as evidenced by:<br>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.<br>Findings on April 13, 2016:<br>a. Bedroom 8 Bathroom - the connection of the commode to the floor was loose.<br>2. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done. This could affect all residents, staff and visitors if items are |

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| C 166              | Continued From page 4<br><br>broken and left where they could injure all.<br>Findings on April 13, 2016:<br>a. Bedroom 8 Bathroom - a soap dish mounting bracket was left attached to the wall exposing sharp and rough edges,<br><br>3. Based on Observation, the Building was not maintained free of hazards, 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.<br>Findings on April 13, 2016:<br>a. Med Room - two portable medical oxygen cylinders were stored standing up, not secured to the structure,<br><br>4. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers 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.<br>Findings on April 13, 2016:<br>a. Corridor - the HVAC return thought-out the Facility have an excessive accumulation of dust/lint, | C 166         | Bedroom # 8 Soap Dish<br>to be replaced.<br><br>Corporate Adm called<br>Pharmacy to supply<br>proper oxygen storage<br>Containers.<br><br>All HVAC supply and<br>return vents to be<br>properly cleaned. | 5/31/16<br><br>5/19/16<br><br>5/31/16 |
| C 189              | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C 189         |                                                                                                                                                                                                          |                                       |

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| C 189 | <p>Continued From page 5</p> <p>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 and testing, the Building was not maintained in a safe and operating condition, because the combination exit sign/emergency light, which illuminates the egress pathways during power outages and directs egress, did not work properly. This would affect all residents, staff, and visitors if the egress pathways were not illuminated at all times and during power outages and there is no other illumination available.</p> <p>Findings on April 13, 2016:</p> <p>a. Front Exit Door in Living Room - the ceiling-mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed,</p> <p>b. Front Right Exit Door - the ceiling-mounted self-contained combination exit sign/emergency light did not work on normal power,</p> <p>c. Back Right Exit Door - the ceiling-mounted self-contained combination exit sign/emergency light did not work on normal power</p> <p>d. Left Side Exit Door -the emergency light part of the ceiling-mounted self-contained combination exit sign/emergency light did not provide adequate illumination of the entire Long Hall,</p> <p>e. Intersection on Short and Long corridors - the ceiling-mounted self-contained emergency light did not work on backup power when the test button was pushed.</p> <p>2. Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs did not work properly,</p> | C 189 | <ul style="list-style-type: none"> <li>- Emergency light fixture will install new battery backup 5/31/16</li> <li>- Emergency light/Exit will install new bulbs - 5/31/16</li> <li>- Emergency light/Exit will install new bulbs 5/31/16</li> <li>- Emergency light fixture will be adjusted for proper lighting 5/31/16</li> <li>- Emergency light fixture will install new bulbs and battery 5/31/16</li> </ul> |  |
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| C 189              | <p>Continued From page 6</p> <p>relay directional information properly or were missing. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during an emergency.<br/>Findings on April 13, 2016:<br/>a. Intersection on Short and Long corridors - there was no exit sign at this intersect for Long Hall.</p> <p>3. Based on observations, the Building was not maintained in a safe and operating condition, because of holes and gaps 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.<br/>Findings on April 13, 2016:<br/>a. Office - there were two cable bundles penetrating the fire-resistance-rated ceiling that were partially sealed with fire sealant,<br/>b. Fire Alarm Panel Room - there was a one inch diameter hole through the fire-resistance-rated ceiling where something was removed,<br/>c. Bedroom 10 Window Side Closet - there was a one inch diameter hole through the fire-resistance-rated ceiling,<br/>d. Bedroom 10 - the light fixture did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly,<br/>e. Beauty Shop Closet - there were gaps around two a metal conduits that penetrates through the fire-resistance-rated ceiling assembly,<br/>f. Shower Room - the one-hour fire-resistance-rated ceiling assembly had a gypsum patch that was not properly fire sealed with joint compound,<br/>g. Pantry - there was a cable bundles penetrating the fire-resistance-rated ceiling that were not sealed with fire sealant,</p> | C 189         | <p>- Will install new exit sign at intersection.</p> <p>All open penetrations to be properly fire Chaulked.</p> | <p>5/31/16</p> <p>4/28/16</p> |

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| C 189              | <p>Continued From page 7</p> <p>4. Based on observation, the facility fire resistance rated components have not been maintained safe and operating condition because the corridor doors are not smoke resisting. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin.<br/>Findings on April 13, 2016:<br/>a. Beauty Shop - the corridor door did not latch when closed,<br/>b. Beauty Shop - the corridor door had a hole through it where someone tried to break in to this room,</p> <p>5. 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 residents, staff and visitors by allowing unsafe conditions to persist.<br/>Findings on April 13, 2016:<br/>a. Bedroom 8 Bathroom - over the sink, a three bulb light fixture had one bulb and two empty light sockets, exposing energized components. Deficiency corrected before Construction Surveyor departed the site,<br/>b. Laundry - two electrical power receptacle were missing their cover plates,<br/>c. Front Porch - two light fixtures have been removed from the ceiling with cable hanging down without wire nuts and terminated in a junction box,</p> <p>6. 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.</p> | C 189         | <ul style="list-style-type: none"> <li>- Beauty Shop Door frame Strikeplate will be adjusted 5/31/16</li> <li>- Beauty shop door to be repaired 5/31/16</li> <li>- Empty light sockets filled with new bulbs 4/19/16</li> <li>- Laundry room receptacles to be properly covered 5/31/16</li> <li>- Two new light fixtures to be installed on front porch 5/31/16</li> </ul> |                    |

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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 189              | Continued From page 8<br><br>Findings on April 13, 2016:<br>a. Bedroom 2 Window Closet - the closet door was equipped with hasp hardware without an override device,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C 189         | <i>Bedroom 2 closet new single motion locking door knob to be installed.</i>                                    | <i>5/31/16</i>     |
| C 199              | Exhaust Ventilation<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER REQUIREMENTS<br>(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:<br>(1) soiled linen storage;<br>(2) soil utility room;<br>(3) bathrooms and toilet rooms;<br>(4) housekeeping closets; and<br>(5) laundry area.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation equipment/components in good working order. This could affect all residents, staff and visitors by subjecting them to in the event of a fire the dampers does not close completely to contain the fire within the room of origin or being able to remove odors.<br>Findings on April 13, 2016:<br>a. Restroom across Bedroom 11 - the exhaust fan cover, vanes and radiation damper have an excessive accumulation of dust/lint, | C 199         | <i>Restroom exhaust fan cover and damper will be properly cleaned.</i>                                          | <i>4/19/16</i>     |

