Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED
		HAL080023	B. WING		04/13/2016
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE	04/13/2016
DEAL CA	DEINN	1075 DEA		3000	
DEAL 07	WE HAN	MOORES	VILLE, NC	28115	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (VE)
PREFIX TAG	REGULATORY OR L	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL GROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
C 000	Initial Comments	•	C 000		
	Report of a Biennial Miller April 13, 2016	Construction Survey by Ed			į
İ	Records indicate that	at this Facility was licensed as	ĺ		
!	a Home for the Age	d serving 21 ambulatory			ļ
i	residents on Novem	ber 1, 1976. Therefore the			
	nortions of the 2005	ne 1971 and the applicable Rules for the Licensing of			
	Adult Care Homes.	and, the 1967 North Carolina			
	State Building Code	Section 407 Group "D"			
	Institutional Unrestra	ained Occupancy.		ĺ	
	Dhysiaal alaat 4.5-				
	require a plan of cor	encies were noted which			
	require a plan of cor	rection,			:
C 143	Janitor's Closets-Lo	cked	C 143		
	SECTION .0300 - P	HVCICAL DI ANT]	!
1	10A NCAC 13F .030	D5 PHYSICAL			İ
	ENVIRONMENT	55 FITTSICAL			
		s for storage rooms and			ı
1	closets are:				
	(B) There shall be s	separate locked areas for			
	storing cleaning age	nts, bleaches, pesticides,			
	ingested, inhaled or	es which may be hazardous if handled. Cleaning supplies			
İ	shall be monitored w	while in use;			
!	This Rule is not met	t as evidenced by:			
İ	 Based on observing 	vation, the building was not			
	maintained in a safe	manner by not having			
! -	separate locked area	as for substances that may			
į.	be nazardous it inge	sted, inhaled or handled.			1
	accidently use or co-	ts all residents, who my me in contact with one of		Tool Shad Shown :	la Marte a
1	these hazardous sub	ostances.		Tool Shed Stowage	1- NOTON
	Findings on April 13,	2016;		New York. Box W	1, 13
1	a. Tool Shed - the d	ioor was open and		remain Laked	
	pesticides, and other	hazardous substances		contract	ا لو
SION OF HEA ORATORY (elth Service Regulation DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN	ATHOR	A THE REAL PROPERTY.	OKEN PLEASE

Division	of Health Service Re	gulation			FORM APPROVED	
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION	(X3) DATE SURVEY	
		DENTI ION TON NUMBER.	A. BUILDIN	G: 01	COMPLETED	
		HAL080023	B. WING_		04/13/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	, STATE, ZIP CODE	04/13/2016	
DEAL CA	ARE INN	1075 DEA				
064) ID	CHIADAADA OTA		VILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D.B.F. COMPLETE	
C 143	Continued From pa	ge 1	C 143			
	present,					
C 148	Corridors-Handrails SECTION .0300 - P 10A NCAC 13F .030 ENVIRONMENT (g) The requirement (2) Handrails shall it	HYSICAL PLANT 05 PHYSICAL uts for corridors are:	C 148			
İ	corridors at 36 inche capable of supportir load; This Rule is not me 1. Based on obser maintained in a safe handrails in the corriail residents, staff ar unstable handrail by safety, stability/balar required of these de Findings on April 13, a. Corridor across handrail bracket was	es above the floor and being a 250 pound concentrated at as evidenced by: vation, the building was not amanner by not having stable idor. This deficiency affects and visitors who use this not providing increasing noce, and maneuverability vices. 2016: from Bedroom 10 - the scloose,		Hardrail brooked Secured across- Toom # 10.	properly properly	
	 The outside grou facilities shall be mai condition; This Rule is not met Based on observ 	HYSICAL PLANT 5 PHYSICAL Its for outside premises are: Inds of new and existing Intained in a clean and safe as evidenced by: Vation, the outside grounds	C 160			
	were not maintained	in a clean and safe			ERS PLAN OF CORRECTION RRECTIVE ACTION SHOULD BE ERENCED TO THE APPROPRIATE DATE DEFICIENCY; Local Property	

SIZEMENT OF DEPICIONES AND PLAN OF CORRECTION MAD PLAN OF CORRECTION MALOBOOLS MALOBO	Division	of Health Service Re	egulation			FORM APPROVED
DEAL CARE INN SUMMARY STATEMENT OF DEFICIENCES PREFEX TAG (A) D SUMMARY STATEMENT OF DEFICIENCES REGULATORY OR LSC IDENTIFYING INFORMATION) C 180 C 1	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			
DEAL CARE INN DEAL CARE INN SUMMARY STATEMENT OF DEPICIENCES (EACH DEPICIENCY MUST BE PRECIDED BY PULL TAG COntinued From page 2 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: a. Back and Right Side - this area was spotted with new roof shingle, 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. C 186 C 186 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0300 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent chronic unpleasant cdors. This would affect all residents, staff and visitors by exposing them to an unpleasant environment. Findings on April 13, 2016: a. Bedroom 3 - there was a strong urine odor that persisted during the Construction Survey, 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: a. Throughout the Corridors - the floor finish			HAL080023	B. WING		04/42/2040
DEAL CARE INN MOORESVILLE, NC 28115 (AUMARY STATEMENT OF DEFICIENCIES IN PRECED BY JULY IN REGULATORY OR LSG DEPITEMENT OF DEFICIENCIES IN PRECED RECORD AND INTERPRECED BY JULY IN REGULATORY OR LSG DEPITEMENT OF DEFICIENCIES IN PRECED RECORD TO THE APPROPRIATE DATE OF CROSS-REPRESCED TO THE APPROPRIATE DATE OF CROSS-REPRESCED TO THE APPROPRIATE DATE OF CROSS-REPRESCED TO THE APPROPRIATE DATE OF CROSS-REPRESCED TO THE APPROPRIATE DATE OF THE APPROPRIATE DAT	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE ZIP CODE	1 04/13/2016
Description Summary stratement or Deficiencies Engel E	DEAL CA	ARE INN	1075 DEA	L ROAD		
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	9/1		Dechapped Congression	3	room - the globe to the light	fixture was missing,	1
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ı	(All)	Com	1001		was heavy stained,	b. Tub room - tub	
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ŀ				7373	£ 91.	Confined From page	C 164
	ЭТАО	a tAir	CROSS-REFERENCED TO THE APPROP	044			
	COMPLETE	38	UDOHS NOTTONE ACTION SHOULD	XI33A9 DAT	CIDENTIFYING INFORMATION)	SURO YAOTAJUĐER	ÐAT
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	APPROVED	HORW			noiteluge	of Health Service Re	Division
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Division of Health Service Regulation MAOA STATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A BULDING OF A BULDING A BULDING OF A BULDING	Division	n of Health Service R	egulation			FORMAPPROVE
DEAL CARE INN SUMMARY STATEMENT OF DEFICIENCES 1075 DEAL ROAD 1075	STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			
DEAL CARE INN DEAL ROAD OF PROVIDER OR SUPPLIER SUMMARY STOT SUBJECT OF DEFICIENCIES TAG CHAID PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) PRETIX TAG CONTINUED FINDINGS ON APIL 13, 2016: a. Bedroom 8 Bathroom - a soap dish mounting bracket was left attached to the wall exposing sharp and rough edges. 3. Based on Observation, the Building was not maintained free of hazards, bocause the portable medical oxygen cylinders were not being properly handledistored. 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 Apil 3, 2016: a. Med Room - two portable medical oxygen cylinders were stored standing up, not secured to the structure, 4. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HAXChemitation, grilles and their associated dampers fee 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. Findings on April 13, 2016: a. Corridor - the HVAC return thought-out the Facility have an excessive accumulation of dust/lint, 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			HAL080023	B. WING _		04/42/2046
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sharp and rough edges. 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. Findings on April 13, 2016: a. Med Room - two portable medical oxygen cylinders were stored standing up, not secured to the structure, 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. Findings on April 13, 2016: a. Corridor - the HVAC return thought-out the Facility have an excessive accumulation of dust/lint, C 1889 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		a. Bedroom 8 Batt	hroom - a soap dish mounting		A draw 2) 8 500 - 4 5	
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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 April 13, 2016: a. Med Room - two portable medical oxygen cylinders were stored standing up, not secured to the structure, 4. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventitation, 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. Findings on April 13, 2016: a. Corridor - the HVAC return thought-out the Facility have an excessive accumulation of dust/lint, C 189 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					To por weblecool.	· / i/e)
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		maintained free of hemodical oxygen cylinhandled/stored. This staff and visitors if civalves, propelling the dangerous projectile. Findings on April 13, a. Med Room - two cylinders were store the structure, 4. Based on Obserprovide an environm Rule, by not maintain grilles and their associated as visitors if in the event close completely to croom of origin. Findings on April 13, a. Corridor - the HV Facility have an exception of the control of the HV Facility have an exception of the control of the HV Facility have an exception of the control of the median of the control of the HV Facility have an exception of the control of the median of the control of the control of the median of the control of the	razards, because the portable inders were not being properly is could affect all residents, ylinders fall, breaking their e cylinder and turning it into a e. , 2016: portable medical oxygen in a standing up, not secured to ent in accordance with this plant in accordance with this plant in accordance with this plant in accordance with this plant in accordance with this plant in accordance with this plant in accordance with this plant in accordance with this plant in accordance with the electric plant in the dampers do not contain the fire within the 2016:		Consainers	
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	Building Equipment N	Maintained Safe, Operating	C 189		
vision of Health Service Regulation ATE FORM	vision of Hea	SECTION .0300 - PH 10A NCAC 13F .0311 REQUIREMENTS (a) The building and mechanical, and plum care home shall be m	YSICAL PLANT OTHER all fire safety, electrical			

Division of Health Service R	egulation			FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR		
AND FEATURE CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G: 01	COMPLETED
]	1		i
	HAL080023	B. WING		04/13/2016
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	
DEAL CARE INN	1075 DEA	L ROAD		
		VILLE, NC	28115	
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD RE COMPLETE
C 189 Continued From pa	ige 5	C 189		
operating condition	L			
(k) This Rule shall	apply to new and existing		İ	
facilities with the ex	(ception of Paragraph (e)			
which shall not app	ly to existing facilities.	:		
This Rule is not me	et as evidenced by:			
 Based on obset 	rvation and testing, the		·	
Building was not ma	aintained in a safe and			1
operating condition,	because the combination exit			
ecress nathways di	nt, which illuminates the uring power outages and			!
directs egress, did	not work properly. This would		i	İ
affect all residents,	staff, and visitors if the egress			
pathways were not i	illuminated at all times and		1	ı
during power outage illumination available	es and there is no other			
Findings on April 13				
a. Front Exit Door	in Living Room - the	_	Energy were light Liver	Lest Viene
ceiling-mounted self	f-contained combination exit		Energhay Lister instal kera pasteral Energhay 1977 Exit a Salar vera properties	July on 120c
Sign/emergency ligh	it unit did not work on backup		118 / Last 10 com	16
power when the test	t button was pushed,	- '	Elegated in the chita	211
self-contained comb	Door - the ceiling-mounted pination exit sign/emergency			. ~
light did not work on	normal power		٠., ه	3 3 . 1
c. Back Right Exit	Door - the ceiling-mounted	,	Emugency light ?	4140010
self-contained comb	ination exit sign/emergency	_	Emugeneylight E	302 30
light did not work on	normal power		C. Land	16
of the ceiling-mounts	oor -the emergency light part ed self-contained combination	-	Emergency lighthing	Aus 51311
exit sign/emergency	light did not provide		will be adjusted	or Grober !!
adequate illumination	n of the entire Long Hall		1 CHILD-	1 10
e. Intersection on S	Short and Long corridors - the		EMARCE OF LOST LC .	
did not work an heal	-contained emergency light	-	c. soliced wholesons	No 2131)
button was pushed.	cup power when the test		Emugery lightlisher will install new l and battery	July 19,1
- smort tras pusited.			and waterd	10
Based on observ	vation, the Building was not)	
maintained in a safe	and operating condition.	į		
because the exit sign rision of Health Service Regulation	ns did not work properly,			!

Division	of Health Service Re	egulation			FORM	APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED	
		HAL080023	B. WING		04/	13/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE	0.47	13/2010
DEAL C	ARE INN	1075 DEA	L ROAD			
040.10	0.11.11.11.1	MOORES	VILLE, NC	28115		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D RE	(X5) COMPLETE DATE
C 189	Continued From page	ge 6	C 189			
	relay directional informissing. This would visitors if they could an exit during an em Findings on April 13 a. Intersection on there was no exit sig Hall, 3. Based on observing missing the statement of the sta	affect all residents, staff and not promptly find their way to nergency. , 2016: Short and Long corridors - an at this intersect for Long vations, the Building was not		Willinstall new e Signat intersection	tit.	5/31
	maintained in a safe because of holes an fire-resistance-rated integrity. This could visitors if smoke/fire compartment of orig Findings on April 13, a. Office - there we penetrating the fire-re were partially sealed b. Fire Alarm Panel inch diameter hole the fire-resistance-rated removed, c. Bedroom 10 W was a one inch diameter hole the completely cover the completely cover the fire-resistance-rated d. Bedroom 10 - the completely cover the fire-resistance-rated d. Shower Room - to fire-	and operating condition, digaps through the construction invalidated its affect all residents, staff and is not contained in Room or in. 2016: The two cable bundles esistance-rated ceiling that with fire sealant, Room - there was a one trough the ceiling where something was simply set - there were gaps around that penetrates through the ceiling assembly, set - there were gaps around that penetrates through the ceiling assembly, he one-hour ceiling assembly had a set one-hour ceiling assembly had a cable bundles penetrating ed ceiling that were not set one-hour ceiling assembly had a cable bundles penetrating ed ceiling that were not set one-hour ceiling assembly had a cable bundles penetrating ed ceiling that were not set one-hour ceiling assembly had a cable bundles penetrating ed ceiling that were not set one-hour ceiling assembly had a cable bundles penetrating ed ceiling that were not set one-hour ceiling assembly had a cable bundles penetrating ed ceiling that were not set one-hour ceiling assembly had a cable ceiling that were not set one-hour ceiling assembly had a cable ceiling that were not set one-hour ceiling assembly had a cable ceiling that were not set one-hour ceiling assembly had a cable ceiling that were not set one-hour ceiling assembly had a cable ceiling that were not set one-hour ceiling assembly had a cable ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that were not set one-hour ceiling that the ceiling that the ceiling that the ceiling that		All open pendras to be properly Cir Chaulied	encions	18C P.

r	Division	of Health Service Re	egulation				APPROVED
	STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG: 01		E SURVEY IPLETED
-			HAL080023	B. WING_		04	13/2016
	NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY	, STATE, ZIP CODE	1 04/	13/2010
	DEAL CA	ARE INN	1075 DEA				
H			MOORES	VILLE, NO	28115		
	(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL, SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ORE	(X5) COMPLETE DATE
	C 189	Continued From page	ge 7	C 189			
is	i i i i i i i i i i i i i i i i i i i	resistance rated cormaintained safe and the corridor doors a could affect all resid doors did not contain origin. Findings on April 13, a. Beauty Shop - the when closed, b. Beauty Shop - the through it where son room, 5. Based on observations of the conditions to be a safe because the electrical being operated or manaffect all residents, sunsafe conditions to Findings on April 13, a. Bedroom 8 Bathribublight fixture had sockets, exposing end before the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the condition	ne corridor door did not latch ne corridor door had a hole neone tried to break in to this vation, the Building was not and operating condition, al power system was not aintained safely. This would taff and visitors by allowing persist. 2016: room - over the sink, a three one builb and two empty light ergized components. before Construction e site, octrical power recentacle		Deauty shop Poor for Strike place will be Deauty stop Door to be repaired Emply light Sate to se with new bushs I with new bushs Two rewlight fixtures two rewlight fixtures sein metallow on Front y	sled sled	5/31/ 16 4/19/16

	<u>Division</u>	of Health Service Re	egulation			FORM APPROVED
A	TATEME! IND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY
				A. BUILDING	5: 01	COMPLETED
<u> </u>			HAL080023	B. WING		04/13/2016
۱N	IAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
<u> </u>	EAL CA	ARE INN		L ROAD VILLE, NC	28115	
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIESE OF THE APPR	D.R.F. COMPLETE
	C 189	o manage , rem pa	-	C 189	-Bedroom 2 closet	new starler
		Findings on April 13 a. Bedroom 2 Win was equipped with h override device,	, 2016: dow Closet - the closet door nasp hardware without an		Bedroom 2 closet- Single mulion locking Knober we intelled	2,000 12,11
	C 199	Exhaust Ventilation		C 199		
		provided with exhautwo cubic feet per marequirement does not before April 1, 1984, these specified space (1) soiled linen store (2) soil utility room; (3) bathrooms and to (4) housekeeping clots (5) laundry area. (k) This Rule shall a facilities with the exception of the complete the comple	In other of in this Paragraph shall be st ventilation at the rate of inute per square foot. This of apply to facilities licensed with natural ventilation in estage; collet rooms; cosets; and pply to new and existing eption of Paragraph (e) to existing facilities.	-		
visío	i s	provide an environma Rule by not maintaini equipment/componer This could affect all re subjecting them to in dampers does not clo fire within the room of remove odors. Findings on April 13, 18. Restroom acros	vation, the facility failed to ent in accordance with this ing the ventilation into in good working order, esidents, staff and visitors by the event of a fire the ose completely to contain the forigin or being able to		palocoborra cyguso Sostocus exponse tou	3. 4/19/

TATEMENT OF DEFICIENCE NO PLAN OF CORRECTION	ES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT	E SURVE
		A. BUILDING:	: 01	COM	PLETED
	HAL080023	B. WING		04/	13/201
AME OF PROVIDER OR SU	PPLIER STREE	TADDRESS, CITY, S	STATE, ZIP CODE		13/201
EAL CARE INN	1075	DEAL ROAD			
(X4) ID SUMMA	MOOF	RESVILLE, NC 2	28115		
PREFIX . (EACH DEF	ARY STATEMENT OF DEFICIENCIES ICIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	COMP DA
	Nla		-		
	•				