| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  |  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|--|--|---|--|-------------------------------|--------------------------|
|   |  | HAL080023  | B. WING   |  | 03/1                          | 5/2018                   |
| NAME OF F   | PROVIDER OR SUPPLIER   | STREET ADD   | DRESS, CITY, S                                    | STATE, ZIP CODE  |                               |                          |
| DEAL CA   | ARE INN  | 1075 DEA<br>MOORES\  | L ROAD<br>VILLE, NC 2                             | 28115  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                               | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| C 000   | Initial Comments   |  | C 000   |  |                               |                          |
|   | by Ed Miller, conduc   | action Section Biennial Survey cted on March 15, 2018.  at this Facility was licensed as   |   |  |                               |                          |
|   | a Home for the Age<br>residents on Novem<br>facility must meet th<br>portions of the 2005<br>Adult Care Homes,                         | d serving 21 ambulatory hber 1, 1976. Therefore the he 1971 and the applicable 5 Rules for the Licensing of and, the 1967 North Carolina e Section 407 Group "D" |   |  |                               |                          |
|   | Deficiencies were c<br>Correction.   | ited that require a Plan of  |   |  |                               |                          |
| C 164   | Housekeeping and   | Furnishings-Clean, Repaired  | C 164   |  |                               |                          |
|   | FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture of                    | es shall:<br>ings, and floors or floor<br>n and in good repair;  |   |  |                               |                          |
|   | mechanical systems good repair. Findings on March a. Corridor outside grille with its radiation accumulation of dustb. Restroom across | rvation, the building s are not kept clean and in 15, 2018: e Dining - the HVAC return on damper has an excessive  |   |  |                               |                          |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

|                                   |   | (X1) PROVIDER/SUPPLIER/CLIA   | (X2) MULTIPLE CONSTRUCTION |  | (X3) DATE SURVEY |                          |
|-----------------------------------|---|---|----------------------------|--|------------------|--------------------------|
| AND PLAN OF CORRECTION IDENTIFICA |   | IDENTIFICATION NUMBER:  | A. BUILDING: <b>01</b>     |  | COMPLETED        |                          |
|                                   |   | HAL080023   | B. WING                    |  | 03/1             | 5/2018                   |
| NAME OF I                         | PROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY, S             | STATE, ZIP CODE  |                  |                          |
| DEAL CA                           | ARE INN   | 1075 DEA  | _                          |  |                  |                          |
|                                   |   |   | VILLE, NC 2                |  |                  |                          |
| (X4) ID<br>PREFIX<br>TAG          | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY) | D BE             | (X5)<br>COMPLETE<br>DATE |
| C 164                             | Continued From pa   | ge 1  | C 164                      |  |                  |                          |
|                                   | Continued From page 1  2. Based on Observation, the facility failed to keep floors or floor coverings and furniture clean and in good repair. Findings on March 15, 2018:  a. Beauty Shop - the bottom of the shampoo bowl is covered with a grey soiled material.  b. Bedroom 8 and Shared Restroom - the floor tiles are stained and dirty.  c. Bedroom 8 Shared Restroom - the counter top is stained.  d. Bedroom 4 and Shared Restroom - the floor tiles are stained and dirty.  3. Based on Observation, and interview with Manager, the facility failed to keep plumbing devices in good repair. Findings on March 15, 2018:  a. Bedroom 19 - there is no cold water for the sink's faucet.  b. Kitchen - the ice machine drain is piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice. |   |                            |  |                  |                          |
| C 166                             | Housekeeping-Mair   | ntained Free of Hazards   | C 166                      |  |                  |                          |
|                                   | FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards; (e) This Rule shall facilities.  This Rule is not me  | es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing et as evidenced by: ervation, a hazard is present |                            |  |                  |                          |

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STATE FORM R18Y21 If continuation sheet 2 of 5

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|--|--|---|--|-------------------------------|--------------------------|
|   |  | HAL080023  | B. WING   |  | 03/1                          | 5/2018                   |
|   |  |  | DRESS, CITY, S                                    | STATE, ZIP CODE  |                               |                          |
| DEAL CA   | ARE INN  | 1075 DEA   |   |  |                               |                          |
| 040.15  | CLIMANA DV CTA   |  | VILLE, NC 2                                       |  | ON                            | 0/5                      |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                               | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| C 166   | Continued From pa  | ge 2   | C 166   |  |                               |                          |
|   | supply. Findings on March a. Beauty Shop - to sprayer hose long of and there is no vaccion water fixtures that the flood rim of the of siphoning contant.  | r into the domestic water  15, 2018: the shampoo sink has a enough to reach gray water, uum breaker provided. Hoses at are long enough to reach fixtures present the possibility ninated water into the water cuum breaker is installed. |   |  |                               |                          |
| C 185   | Fire Safety-Rehear   | sals on Each Shift   | C 185   |  |                               |                          |
|   | quarterly on each s<br>requirement of the<br>Enforcement Officia<br>(c) Records of rehe<br>and copies furnishe<br>social services ann<br>include the date and<br>shift, staff members<br>description of what | 09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code   |   |  |                               |                          |
|   | Executive Director/<br>Technician/Manage<br>document a short d<br>rehearsal involved.<br>Findings on March<br>a. The rehearsal r<br>time, shift, and staff   | ord review and interview with Administrator/Maintenance or the Facility failed to description of what the  |   |  |                               |                          |

Division of Health Service Regulation STATE FORM

R18Y21 If continuation sheet 3 of 5

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> |   | (X3) DATE SURVEY<br>COMPLETED |                          |
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|   |   | HAL080023  | B. WING   |   | 03/1                          | 5/2018                   |
| NAME OF F   | PROVIDER OR SUPPLIER  | STREET ADI   | DRESS, CITY, S                                    | STATE, ZIP CODE   |                               |                          |
| DEAL CA   | ARE INN   | 1075 DEA   | _   |   |                               |                          |
|   | OLUMBA DV OTA   |  | VILLE, NC 2                                       |   | 011                           |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                               | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| C 189   | Building Equipment Maintained Safe, Operating   |  | C 189   |   |                               |                          |
|   | mechanical, and plu<br>care home shall be<br>operating condition.<br>(k) This Rule shall<br>facilities with the ex<br>which shall not apple<br>This Rule is not me  | d all fire safety, electrical, umbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) by to existing facilities. |   |   |                               |                          |
|   | This Rule is not met as evidenced by:  1. Based on observation, the building's emergency equipment was not maintained in a safe and operating condition. This would affect all if they could not promptly find their way to an exit during an emergency.  Findings on March 15, 2018:  a. Exit Door near Bedroom 11 - the exit sign is not illuminating on normal power.  b. Exit Door near Bedroom 7 - the exit sign is not illuminating on normal power.  c. Exit Door near Bedroom 1 - the exit sign is not illuminating on normal power and backup power when tested.  d. Corridor near Bedroom 9 - the ceiling-mounted self-contained emergency light did not illuminate on backup power when the test button is pushed.  e. Corridor near Bedroom 9 - the ceiling-mounted self-contained emergency light is aimed to illuminate the front to back corridor, which leaves very little light for the side-to-side corridor that has an emergency light 100 plus feet away.  2. Based on observations, the Building fire |  |   |   |                               |                          |
|   | Based on obser  | rvations, the Building fire stained in a safe and operating  |   |   |                               |                          |

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| Division of Health Service Regulation                 |   |                            |                     |   |      |                          |  |
|---|---|----------------------------|---------------------|---|------|--------------------------|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA |   | (X2) MULTIPLE CONSTRUCTION |                     | (X3) DATE SURVEY  |      |                          |  |
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER:         |   | A. BUILDING: <b>01</b>     |                     | COMPLETED   |      |                          |  |
|   |   |                            |                     |   |      |                          |  |
|   |   | HAL080023                  | B. WING             | ·   | 03/1 | 5/2018                   |  |
| NAME OF   | PROVIDER OR SUPPLIER  | STREET ADI                 | DRESS, CITY, S      | STATE, ZIP CODE   |      |                          |  |
|   |   | 1075 DEA                   | L ROAD              |   |      |                          |  |
| DEAL C  | ARE INN   |                            | VILLE, NC 2         | 8115  |      |                          |  |
| (X4) ID<br>PREFIX<br>TAG                              | (EACH DEFICIENCY  | MUST BE PRECEDED BY FULL   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY) | D BE | (X5)<br>COMPLETE<br>DATE |  |
| C 189   | Continued From pa   | ge 4                       | C 189               |   |      |                          |  |
|   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  condition. This could expose all to fire/smoke if not contained in Room of origin. Findings on March 15, 2018: a. Corridor near Bedroom 9 - there is a hole adjacent to the ceiling mounted emergency light not firestopped as it penetrates the fire-resistance-rated wall assembly b. Laundry - there is a hole adjacent to the light fixture not firestopped as it penetrates the fire-resistance-rated wall assembly  2. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors do not resist the passage of smoke. Corridor door must positively/automatically latch into their frame under normal closing force. This could affect all residents, staff, and visitors if the doors did not latch to contain smoke/fire in the room of origin. Findings on March 15, 2018: a. Beauty Shop - the corridor door will not latch into its frame, unless you lift up on the door. b. Bedroom 2 - the corridor door hits the floor preventing it from closing and latching. c. Kitchen - the door to Dining moves an ½ inch because the frame is missing its strike plate. |                            |                     |   |      |                          |  |

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