If continuation sheet 1 of 5

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING 03/15/2018 HAL080023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1075 DEAL ROAD DEAL CARE INN MOORESVILLE, NC 28115 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 It is the Policy of Harris Enterprises Report of a Construction Section Biennial Survey of NC INC to ensure facility is in by Ed Miller, conducted on March 15, 2018. complainces with Rule Area Records indicate that this Facility was licensed as Section .0300 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. Deficiencies were cited that require a Plan of Correction. C 164 C 164 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture 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 building mechanical systems are not kept clean and in 03/20/18 (a) All dust/lint has been removed good repair. from grille Findings on March 15, 2018: Corridor outside Dining - the HVAC return grille with its radiation damper has an excessive (b) Exhaust fan grille properly secured accumulation of dust/lint. to ceiling b. Restroom across from Bedroom 11 - the exhaust fan grille is falling out of the ceiling. Division of Health Service Regulation (X66) DATE TITLE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Administrator/Owner Georgette Johnson

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STATE FORM

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 03/15/2018 HAL080023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1075 DEAL ROAD DEAL CARE INN MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) C 164 C 164 Continued From page 1 Based on Observation, the facility failed to keep floors or floor coverings and furniture clean and in good repair. Findings on March 15, 2018: 03/20/18 (a) HSKP has cleaned grey soiled Beauty Shop - the bottom of the shampoo material. Will be cleaned weekly bowl is covered with a grey soiled material. (b) HSKP cleaned floor Bedroom 8 and Shared Restroom - the floor tiles are stained and dirty. (c) HSKP cleaned counter top c. Bedroom 8 Shared Restroom - the counter (d) HSKP cleaned floor 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) Faucet valve was turn off/turn on 03/20/18 Bedroom 19 - there is no cold water for the sink properly working sink's faucet. Kitchen - the ice machine drain is piped (b) Drain piping properly secured directly on to the floor receptor, resulting in the above floor drain potential for the drain line to clog and contaminate the ice. C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on Observation, a hazard is present due to the possibility of the backflow of

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FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING HAL080023 03/15/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1075 DEAL ROAD **DEAL CARE INN** MOORESVILLE, NC 28115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID-COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 166 C 166 Continued From page 2 contaminated water into the domestic water supply. Findings on March 15, 2018: (a) Vacuum breaker installed and new 03/25/18 Beauty Shop - the shampoo sink has a sprayer hose long enough to reach gray water, water fixture installed and there is no vacuum breaker provided. Hoses on water fixtures that are long enough to reach the flood rim of the fixtures present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. C 185 Fire Safety-Rehearsals on Each Shift C 185 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 This Rule is not met as evidenced by: 1. Based on Record review and interview with Executive Director/Administrator/Maintenance Technician/Manager the Facility failed to document a short description of what the rehearsal involved. Findings on March 15, 2018: 04/06/18 SEE ATTACHMENT

Division of Health Service Regulation STATE FORM

a. The rehearsal records included the date,

time, shift, and staff members present, but no description of what the rehearsal involved.

Facility has designed proper Fire

Rehersal form

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 03/15/2018 HAL080023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1075 DEAL ROAD DEAL CARE INN MOORESVILLE, NC 28115 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 Building Equipment Maintained Safe, Operating 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 operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 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: Exit Door near Bedroom 11 - the exit sign is not illuminating on normal power. Exit Door near Bedroom 7 - the exit sign is 03/21/18 not illuminating on normal power. (a-b) Exit Sign AC Bulbs replaced Exit Door near Bedroom 1 - the exit sign is (c) Exit Sign AC Bulbs replaced and not illuminating on normal power and backup power when tested. New Battery installed d. Corridor near Bedroom 9 - the (d) New Battery installed ceiling-mounted self-contained emergency light (e) Emergency Light to be properly did not illuminate on backup power when the test aimmed down corridor button is pushed. 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 safety was not maintained in a safe and operating

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 03/15/2018 HAL080023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1075 DEAL ROAD **DEAL CARE INN** MOORESVILLE, NC 28115 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 Continued From page 4 C 189 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 (a) Hole in ceiling fire cault 03/22/18 adjacent to the ceiling mounted emergency light (b) ceiling light adjusted to properly not firestopped as it penetrates the cover ceiling 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 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 tatch to contain smoke/fire in the room of origin. Findings on March 15, 2018: 03/22/18 a. Beauty Shop - the corridor door will not latch (a) Door frame strike plate adjusted into its frame, unless you lift up on the door. door latching b. Bedroom 2 - the corridor door hits the floor (b) Door Frame properly adjusted preventing it from closing and latching. and door properly latching c. Kitchen - the door to Dining moves an 1/2 inch because the frame is missing its strike plate. (c) New strike plate installed on door frame door latching