

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>R</b><br><b>05/23/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DEAL CARE INN</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1075 DEAL ROAD</b><br><b>MOORESVILLE, NC 28115</b> |
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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 000}            | Initial Comments<br><br>Report of Biennial Follow Up Construction Survey by Dennis Harrell on 5-23-2018.<br><br>Some deficiencies were not corrected. Further action is required.   | {C 000}       |   |                    |
| {C 164}            | Housekeeping and Furnishings-Clean, Repaired<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS<br>(a) Adult care homes shall:<br>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;<br>(2) have no chronic unpleasant odors;<br>(3) have furniture clean and in good repair;<br>(e) This Rule shall apply to new and existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation, the building mechanical systems are not kept clean and in good repair.<br>Finding on 5-23-2018:<br>a. Corridor outside Dining - the HVAC return grille with its radiation damper has an excessive accumulation of dust/lint.<br><br>2. Based on Observation, the facility failed to keep floors or floor coverings and furniture clean and in good repair.<br>Finding on 5-23-2018:<br>c. Bedroom 8 Shared Restroom - the counter top is stained. | {C 164}       |   |                    |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_