

919-733-
6592

To Dennis
Howell

6/15/18

From G Johnson

3 pgs

Dennis Howell-

Emailed also today

SOD Deal Care Trn + Pictures-

If you have questions

pls call Tony Johnson

704-579-1632.

Thx

Doreen Johnson

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/23/2018
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
{C 000}	Initial Comments Report of Biennial Follow Up Construction Survey by Dennis Harrell on 5-23-2018. Some deficiencies were not corrected. Further action is required.	{C 000}	SEE PHOTOS ATTACH	
{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 good repair. Finding on 5-23-2018: a. Corridor outside Dining - the HVAC return grille with its radiation damper has an excessive accumulation of dust/lint. 2. Based on Observation, the facility failed to keep floors or floor coverings and furniture clean and in good repair. Finding on 5-23-2018: c. Bedroom 8 Shared Restroom - the counter top is stained.	{C 164}		5/30/18 HVAC return grille has been properly clean and dust free 5/30/18 Bathroom#8 Countertop stain removed

Division of Health Service Regulation

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

Georgette Johnson Administrator

TITLE

(X8) DATE

06/15/18

STATE FORM

R18Y22

If continuation sheet 1 of 1

Taylor Shout - Administrator in Charge *Taylor Shout*

Deal Care Inn – Items Corrected

