

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 01/08/2020
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NAME OF PROVIDER OR SUPPLIER DEAL CARE INN	STREET ADDRESS, CITY, STATE, ZIP CODE 1075 DEAL ROAD MOORESVILLE, NC 28115
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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
C 000	<p>Initial Comments</p> <p>Report of a Construction Section Complaint Survey by Dennis Harrell on 1-8-2020.</p> <p>The Complaint alleged the facility water has tested positive for coliform bacteria.</p> <p>Records indicate that this Facility was licensed as a Home for the Aged serving 21 ambulatory residents on 11-1-1976. 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.</p> <p>The Complaint was substantiated, deficiencies were cited that will require a plan of correction.</p>	C 000		
C 110	<p>Construction-Meet Sanitary Requirements</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION (e) The sanitation, water supply, sewage disposal and dietary facilities shall comply with the rules of the North Carolina Division of Environmental Health, which are incorporated by reference, including all subsequent amendments. The "Rules Governing the Sanitation of Hospitals, Nursing and Rest Homes, Sanitariums, Sanatoriums, and Educational and Other Institutions", 15A NCAC 18A .1300 are available for inspection at the Department of Environment and Natural Resources, Division of Environmental Health, 2728 Capital Boulevard, Raleigh, North Carolina. Copies may be obtained from Environmental Health Services Section, 1632 Mail Service Center, Raleigh, North Carolina 27699-1632 at no</p>	C 110		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 110	Continued From page 1 cost. This Rule is not met as evidenced by: Based on a review of documents and interview the well water had become contaminated with coliform, probably during a pump repair done in September of 2019. New samples were taken on Monday, January 6th and again on the morning of January 8th. The facility received notice by email on the afternoon of January 13th, that the new samples tested absent for coliform and that the facility could resume using the well water. The email also stated that samples would be taken quarterly for the next year.	C 110		