Cadence Living of Mooresville

198 East Waterlynn Rd
Mooresville, NC 28117

Phone: 704/660-8000
Fax: 704/660-8001
Email:

Fax Transmittal Form

To: DHSR Construction
Name:
Organization/Dept:
Phone Number:
Fax Number: 919-733-6592

From: Amy Newman
Cadence Mooresville

Urgent
For Review
Comment

Please reply

Date Sent: 11/13/2024
Number of Pages including cover: 15 pages

Message: POC for Cadence Mooresville

PRINTED: 10/30/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049034	A. BUILDING: 01 B. WING _____	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CADENCE MOORESVILLE	198 E WATERLYNN RD MOORESVILLE, NC 28117

(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 a Construction Section Biennial Survey by Ed Miller, conducted on September 19, 2024. This facility was first licensed on August 8, 2013, as a Home for the Aged serving 96 residents including a 36-bed special care unit. Therefore, this facility must meet the 2005 Rules for the Licensing of Adult Care Homes and the 2009 N.C. State Building Code for Institutional - I-2. Deficiencies were cited that require a Plan of Correction.	C 000	C 000	
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with maintenance Director, the facility failed to maintain current (completed within the last twelve months) sanitation inspection reports in the home and available for review. Findings on September 19, 2024: a. The last annual Building Sanitation Inspection Report, available for review, was performed on May 18, 2023, exceeding the requirement to have the building inspected at least annually.	C 111	C 111 F. Sanitation records & reports were provided on 9/19/2024. See attached. Inspection was completed on 7/3/24	9/19/2024
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT	C 150		

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

Amy M. Nunnery 11/12/24

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C 150	Continued From page 1 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, and interview with Maintenance Director, doorways, entrances, and corridors were not free of obstructions. This would affect all residents, staff, and visitors by slowing or obstructing egress during an emergency. Findings on September 19, 2024: a. B Hall, Exit near Kitchen - the exit door was blocked from opening because of two floor mats positioned behind the exit door. Facility Staff corrected this deficiency before the Construction Surveyor left the site. b. D Hall, Short Corridor to Front Porch - there was an unattended medication cart, obstructing the required six feet wide corridor to four feet and nine inches.	C 150	C 150: A. Floor mats have been removed by exit door . B. Medication cart has been relocated.	9/19/2024 9/20/2024
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: 1. Based on Observation, the Building was not	C 166		

Amy M. Auman 11/12/24

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C 166	Continued From page 2 maintained free of hazards because the compressed gas cylinders were not properly secured. They may fall and break their valves off. This would turn the compressed gas cylinder into a dangerous projectile. Findings on September 19, 2024: a. B Hall, Bedroom B4 Closet- three portable oxygen cylinders were standing up on the floor not properly chained or supported by the wall or in a stand or cart. 2. Based on Observation, the facility failed to provide an electrical system free of hazards. Findings on September 19, 2024: a. Core, Kitchen - a shelving unit filled with items was stored directly in front of the two electrical panels, limiting the required 36-inches by 30-inches minimum clear working space to two-inches. Facility Staff corrected this deficiency before the Construction Surveyor left the site.	C 166	C 166: A. The 3 portable oxygen cylinders have been properly stored in the oxygen holder which was in resident, closet. 2. A. Shelfing unit has been removed.	9/23/2024 9/19/2024
C 189	Building Equipment Maintained Safe, Operating 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: 1. Based on observations, the fire-resistance-rated construction separations providing protection from hazardous areas were	C 189	See page 4 for corrections listed.	

Amy M. Human 11/12/24

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C 189	Continued From page 3 not being maintained in a safe and operating condition by not providing the fire-resistant-rated construction required. This could affect all if smoke/flames are not contained to the room of origin. Findings on September 19, 2024: a. A Hall, Bulk Laundry (100+ SF) - the 45-minute fire-rated corridor door was missing its door closer. b. A Hall, Bulk Laundry (100+ SF) - the 45 min fire-rated door between Laundry and Soiled Linen was missing its door closer arm. c. C Hall, Storage near Bedroom C13 (100+ SF) - the 45-minute fire-rated corridor door was missing its door closer. 2. 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 September 19, 2024: a. A Hall, Corridor near Bedroom A3 - the exit sign did not illuminate on backup power when tested. b. Exterior, Main Electrical Room - the self-contained emergency light did not illuminate on backup power when the test button was pushed. c. Core, Dining - the exit sign did not illuminate on backup power when tested. d. Core, Dining near Kitchen - the self-contained emergency light did not illuminate on backup power when the test button was pushed. e. Core, Agency Nurse Office - the self-contained emergency light did not illuminate on backup power when the test button was pushed. 3. Based on observation the facility's fire safety	C 189	C 189: A & B. A hall door closer arm has been replaced. C. C hall storage door closer has been replaced. A. A hall fire exit sign has been fixed. B. Exterior main electrical room light has been fixed. c. Core dining room exit sign has been fixed. D. Core exit sign near kitchen has been fixed. E. Exit sign near Nurses office has been fixed.	9/24/24 9/24/24 9/24/24 9/24/24 9/24/24 9/24/24

Amy M. Herman 11/12/24

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C 189	Continued From page 4 equipment is not maintained in operating condition. Failure to maintain fire safety equipment in operating condition could affect occupants of the facility if the equipment did not function as intended during a fire or other emergency. Findings on September 19, 2024: a. The most current annual sprinkler inspection dated June 18, 2024, listed several deficiencies. There was no documentation that these deficiencies had been corrected at the time of the survey. 4. Based on observation, the building was not maintained in a safe and operating condition by failing to ensure that clothes dryer ducts are maintained and not damaged. This could affect all by allowing lint to leak and accumulation of lint. Findings on September 19, 2024: a. A Hall, Bulk Laundry - the clothes dryer duct has partially separated from the ceiling plate leaving an open joint. This has led to a buildup of lint in the joint and its surroundings. 5. Based on observations, the building fire safety was not maintained in a safe and operating condition. This could expose all to fire/smoke if not contained in the room of origin. Findings on September 19, 2024: a. A Hall, Building Services - there was an open-ended sleeve with a cable bundle not firestopped as it penetrated the fire-resistance-rated ceiling assembly. b. Exterior, Mech Room - there was a plastic pipe not firestopped as it penetrated the fire-resistance-rated ceiling assembly. c. C Hall, Attic Smoke Barrier Wall - an open-ended sleeve with a cable bundle had been altered for new cables. Now the sleeve was not firestopped as it penetrated the smoke barrier	C 189	C 189: A. Fire sprinkler listed deficiencies have been corrected. See copy of attached documentation. A. A hall laundry dryer duct has been fixed and attached at the joint. A. A hall fire caulking completed B. Exterior Mech Room fire caulking completed C. C-hall fire caulking completed	10/31/24 10/7/2024 10/14/24 10/14/24 10/14/24

Amy M. Duncan 11/12/24

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C 189	Continued From page 5 wall. d. D Hall, Attic Smoke Barrier Wall - an open-ended sleeve with a cable bundle had been altered for new cables. Now the sleeve was not firestopped as it penetrated the smoke barrier wall. In addition, an empty conduit was not firestopped as it penetrated the smoke barrier wall. 6. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect all by not providing early detection. Findings on September 19, 2024: a. D Hall, Bedroom D1 - the fire alarm system's smoke detector was dangling from the ceiling by its circuit conductors. 7. Based on observation, the smoke tight corridor doors are not maintained in a safe and operating condition. Findings on September 19, 2024: a. B Hall, Breakroom - the corridor door was missing its bored lockset and did not have a strike plate. b. C Hall, Storage Closet - there was one 1/4-inch diameter hole through the corridor door around the door handle and four 1/4-inch diameter holes at the top of the door. 8. Based on observation, the Facility failed to maintain the electrical system in a safe and operating condition. Findings on September 19, 2024: a. A Hall, Bedroom A18 - there was a multiplug adaptor that does not have integral overcurrent protection, plugged into an electrical power receptacle. b. A Hall, Bedroom A4 - there was a multiplug adaptor that does not have integral overcurrent	C 189	C 189: D. D-hall smoke detector reattached to ceiling A. Installing a new push pull lock B. Replacing push pull lock A. Removed multiplug adapter from residence room B. Removed multiplug adapter from residence room	9/20/24 11/14/24 11/14/24 9/20/24 9/20/24

Amy M. Kuman 11/12/24

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C 189	Continued From page 6 protection, plugged into an electrical power receptacle. c. B Hall, Patio near Kitchen - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed. d. B Hall, Patio near Breakroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power; therefore, testing for ground fault could not be performed. e. D Hall, Beauty Shop - there was a multiplug adaptor that does not have integral overcurrent protection, plugged into an electrical power receptacle. 9. Based on observation, the Building Sprinkler System was not maintained in a safe and operating condition. This would affect all if fire were not contained in the room of origin. Findings on September 19, 2024: a. B Hall, Electrical Room across from Activities Office - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. b. Core, Dining - a fire sprinkler escutcheon plate had dropped, exposing an opening through the fire-resistance-rated ceiling. c. D Hall, Bedroom D8 Closet- a fire sprinkler head was covered with tape.	C 189	C 189: C. Replaced GFCI D. Replaced GFCI E. Removed multiplug adaptor A - Escutcheon plate put back in place and sealed B. Escutcheon plate put back in place and sealed. C. D-hall tape on fire sprinkler was removed.	9/22/24 9/22/24 9/20/24 9/22/24 9/22/24 9/19/24
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of	C 199		

Amy M. Neuman 11/12/24

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C 199	Continued From page 7 two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (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: 1. Based on observation and testing with a thin plastic sheet, the facility did not provide working exhaust ventilation in required spaces. Findings on September 19, 2024: a. A Hall, Bulk Laundry - the exhaust ventilation system was not functioning. b. A Hall, Janitor - the exhaust ventilation system was not functioning. c. A Hall, Soiled Utility - the exhaust ventilation system was not functioning. d. B Hall, Restroom near Activities Office - the exhaust ventilation system was not functioning. e. Core, Kitchen Housekeeping Closet - the exhaust ventilation system was not functioning. f. C Hall, Housekeeping - the exhaust ventilation system was not functioning.	C 199	C 199 G, 1-6 Changed out motor for ventilation. A - A hall bulk laundry exhaust vent has been repaired. B. A Hall janitor exhaust vent has been repaired. C. A hall soiled utility exhaust vent has been repaired. D. B Hall restroom exhaust vent will be repaired on 11/14/24. E. Core Kitchen Housekeeping closet exhaust ventilation will be repaired 11/29/24. F. C hall housekeeping exhaust ventilation will be repaired by 11/29/24	10/16/24 10/15/24 10/15/24 10/14/24 11/29/24 11/29/24

Amy M. Neeman 11/12/24

S.A. Comunale

An EMCOR Company

INSPECTION WORK TICKET	
Ticket #	558410
Customer #	309554
Customer PO #	
Scheduled Date	10/15/2024
Completed Date	10/31/2024
Inspected By	Setzer

Carolina

THREE YEAR AIR TEST AT DPV'S | REPLACE OUT OF DATE GAUGES | REPLACE 1/2" PENDANTS

Additional Inspector or Fitter: (•) Yes ( ) No

JOB SITE	
	Cadence Mooresville
	198 E Waterlynn Rd
	Mooresville, NC 28117
CONTACT	Roberto Curto
PHONE	(704) 660-8000
FAX	

BILL TO	
	Cadence Mooresville
	198 E Waterlynn Rd
	Mooresville, NC 28117
CONTACT	Roberto Curto
PHONE	(704) 660-8000
FAX	

QTY	INSPECTION ITEMS	PRICE	AMOUNT
2	3 YEAR DRY VALVE AIR TEST		
	INSPECTION TOTAL		1591

QTY	INSPECTION MATERIALS	PRICE	AMOUNT
	INSPECTION MATERIALS TOTAL		

Site Notes:

Comments / Corrections:

Please see Quote for exact pricing
ALL GAUGES REPLACED
PAINTED HEADS NOTED ON INSPECTION REPORT WERE REPLACED

[ ] YES [ ] NO [X] NA CITY CHARGES BACKFLOW INSPECTION FEE

GENERATE SFU FROM INSPECTION [ ] YES [X] NA

(SELECT YES WHEN AN INSPECTION DOES NOT GENERATE A SFU, SELECT NA WHEN INSPECTION GENERATES A SFU OR A SFU IS NOT REQUIRED)

ALL CONTROL VALVES LEFT IN OPEN POSITION

[X] YES [ ] NO [ ] N/A

SERVICE FOLLOW UP REPORT ATTACHED

( ) YES (•) NO SFU NUMBER: _____

QTY	MISCELLANEOUS CHARGES	PRICE	AMOUNT
	OTHER TOTAL		

ADDITIONAL INSPECTOR OR FITTER

1. GREENE BRANDON 2. SLACK BRANDON

Technician Name	Jerry Setzer	Count	3	Thank You - Invoice to Follow	Inspection Total	1591
					Material Total	
					Other Total	
					Tax	
					Total Cost	

I confirm that the above work has been satisfactorily completed.

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS

Customer Name	Roberto Curto	Customer Signature	

E-mail tax exempt certificate to: tax.exempt@comunale.com

S.A. Comunale
An EMCOR Company

THREE YEAR DRY SYSTEM AIR TEST

BRANCH PHONE NUMBER: 704-396-7272 NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE 10/31/2024

SITE	Cadence Mooresville	CONTACT	Roberto Curto
ADDRESS	198 E Waterlynn Rd	PHONE	(704) 660-8000
CITY	Mooresville	STATE	NC ZIP 28117

NFPA 25 – Requirements (2008 & 2011):

Dry pipe systems shall be tested once every three years for air leakage using one of the following test methods:

■ (1) A pressure test at 40 psi for two hours. The system shall be permitted to lose up to 3 psi (0.2 bars) during the duration of the test. Air leaks shall be addressed if the system loses more than 3 psi (0.2 bars) during this test.

☐ (2) With the system at normal system pressure, shut off the air source (compressor or shop air) for 4 hours. If the low air pressure alarm goes off within this period, the air leaks shall be addressed.

RISER #	RISER LOCATION	DRY VALVE SIZE	DATE OF LAST AIR TEST	INITIAL or RETEST OF SYSTEM	AIR PRESSURE (START OF TEST)	TIME (START OF TEST)	AIR PRESSURE (END OF TEST)	TIME (END OF TEST)	RESULTS
1	RISER ROOM	6"	5/11/18	INITIAL	40	10:20	40	12:30	PASS
2	RISER ROOM	4"	5/11/18	INITIAL	40	10:20	40	12:30	PASS

○ Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # _____, which is attached to this form.

◉ No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 25 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector Jerry Setzer Signature Jerry Setzer Certification # 29618

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative Roberto Curto Signature

Food Establishment Inspection Report

Score: 100

Establishment Name: CADENCE MOORESVILLE KITCHEN **Establishment ID:** 2049160028

Location Address: 198 EAST WATERLYNN ROAD
City: MOORESVILLE State: North Carolina
Zip: 28117 County: 49 Iredell
Permittee: GAHC3 MOORESVILLE NC TRS SUB, LLC
Telephone: (704) 660-8000

⊗ Inspection ○ Re-Inspection ○ Educational Visit

Wastewater System:
⊗ Municipal/Community ○ On-Site System

Water Supply:
⊗ Municipal/Community ○ On-Site Supply

Date: 07/03/2024 Status Code: A
Time In: 11:25 AM Time Out: 1:00 PM
Category#: IV
FDA Establishment Type:

No. of Risk Factor/Intervention Violations: 1
No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.
Public Health Interventions: Control measures to prevent foodborne illness or injury

	Compliance Status				OUT	CDI	R	VR
Supervision .2652								
1	IN	OUT	N/A	PIC Present, demonstrates knowledge, & performs duties	0			
2	IN	OUT	N/A	Certified Food Protection Manager	0			
Employee Health .2652								
3	IN	OUT		Management, food & conditional employee; knowledge, responsibilities & reporting	0			
4	IN	OUT		Proper use of reporting, restriction & exclusion	0			
5	IN	OUT		Procedures for responding to vomiting & diarrheal events	0			
Good Hygienic Practices .2652, .2653								
6	IN	OUT		Proper eating, tasting, drinking or tobacco use	0			
7	IN	OUT		No discharge from eyes, nose, and mouth	0			
Preventing Contamination by Hands .2652, .2653, .2655, .2656								
	IN	OUT		Hands clean & properly washed	0			
	IN	OUT	N/A	N/O No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	0			
10	IN	OUT	N/A	Handwashing sinks supplied & accessible	0			
Approved Source .2653, .2655								
11	IN	OUT		Food obtained from approved source	0			
12	IN	OUT		Food received at proper temperature	0			
13	IN	OUT		Food in good condition, safe & unadulterated	0			
14	IN	OUT	N/A	N/O Required records available: shellstock tags, parasite destruction	0			
Protection from Contamination .2653, .2654								
15	IN	OUT	N/A	N/O Food separated & protected	0			
16	IN	OUT		Food-contact surfaces: cleaned & sanitized	0		X	
17	IN	OUT		Proper disposition of returned, previously served, reconditioned & unsafe food	0			
Potentially Hazardous Food Time/Temperature .2653								
18	IN	OUT	N/A	N/O Proper cooking time & temperatures	0			
19	IN	OUT	N/A	N/O Proper reheating procedures for hot holding	0			
20	IN	OUT	N/A	N/O Proper cooling time & temperatures	0			
21	IN	OUT	N/A	N/O Proper hot holding temperatures	0			
22	IN	OUT	N/A	N/O Proper cold holding temperatures	0			
23	IN	OUT	N/A	N/O Proper date marking & disposition	0			
24	IN	OUT	N/A	N/O Time as a Public Health Control; procedures & records	0			
Consumer Advisory .2653								
25	IN	OUT	N/A	Consumer advisory provided for raw/ undercooked foods	0			
Highly Susceptible Populations .2653								
26	IN	OUT	N/A	Pasteurized foods used; prohibited foods not offered	0			
Chemical .2653, .2657								
27	IN	OUT	N/A	Food additives: approved & properly used	0			
28	IN	OUT	N/A	Toxic substances properly identified stored & used	0			
Conformance with Approved Procedures .2653, .2654, .2656								
	IN	OUT	N/A	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	0			

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

	Compliance Status				OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2656								
30	IN	OUT	N/A	Pasteurized eggs used where required	0			
31	IN	OUT		Water and ice from approved source	0			
32	IN	OUT	N/A	Variance obtained for specialized processing methods	0			
Food Temperature Control .2653, .2654								
33	IN	OUT		Proper cooling methods used; adequate equipment for temperature control	0			
34	IN	OUT	N/A	N/O Plant food properly cooked for hot holding	0			
35	IN	OUT	N/A	N/O Approved thawing methods used	0			
36	IN	OUT		Thermometers provided & accurate	0			
Food Identification .2653								
37	IN	OUT		Food properly labeled: original container	0		X	X
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657								
38	IN	OUT		Insects & rodents not present; no unauthorized animals	0			
39	IN	OUT		Contamination prevented during food preparation, storage & display	0			
40	IN	OUT		Personal cleanliness	0			
41	IN	OUT		Wiping cloths: properly used & stored	0			
42	IN	OUT	N/A	Washing fruits & vegetables	0			
Proper Use of Utensils .2653, .2654								
43	IN	OUT		In-use utensils: properly stored	0			
44	IN	OUT		Utensils, equipment & linens: properly stored, dried & handled	0			
45	IN	OUT		Single-use & single-service articles: properly stored & used	0			
46	IN	OUT		Gloves used properly	0			
Utensils and Equipment .2653, .2654, .2663								
47	IN	OUT		Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	0		X	
48	IN	OUT		Warewashing facilities: installed, maintained & used; test strips	0			
49	IN	OUT		Non-food contact surfaces clean	0		X	
Physical Facilities .2654, .2655, .2656								
50	IN	OUT	N/A	Hot & cold water available; adequate pressure	0			
51	IN	OUT		Plumbing installed; proper backflow devices	0			
52	IN	OUT		Sewage & wastewater properly disposed	0			
53	IN	OUT	N/A	Toilet facilities: properly constructed, supplied & cleaned	0			
54	IN	OUT		Garbage & refuse properly disposed; facilities maintained	0			
55	IN	OUT		Physical facilities installed, maintained & clean	0		X	X
56	IN	OUT		Meets ventilation & lighting requirements; designated areas used	0			
				TOTAL DEDUCTIONS:	0			

Comment Addendum to Food Establishment Inspection Report

Establishment Name: CADENCE MOORESVILLE KITCHEN
Establishment ID: 2049160028
Location Address: 198 EAST WATERLYNN ROAD
[X] Inspection [ ] Re-Inspection Date: 07/03/2024
City: MOORESVILLE State: NC
[ ] Educational Visit Status Code: A
County: 49 Iredell Zip: 28117
Comment Addendum Attached? [X] Category #: IV
Wastewater System: [X] Municipal/Community [ ] On-Site System
Water Supply: [X] Municipal/Community [ ] On-Site System
Email 1: Anewman@cadenceal.com
Permittee: GAHC3 MOORESVILLE NC TRS SUB, LLC
Email 2: anewman@cogirusa.com
Telephone: (704) 660-8000
Email 3:

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Raw chx/WIC	41				
Salads /Memory Care unit cold holding	41				
Sanitizer/3 comp sink	400				
Ground meat/FCT	210				
sliced turkey/WIC	41				
Cheese/"	41				
Diced Ham/"	41				
Tomatoes /Cooling 30 min	52				
"//15 min	47				
Potato salad/Prep Unit 1	41				
ut melons and cantaloupe/"	41				
Sliced cheese/Prep Unit 2	42				
Liquid eggs/"	41				
Ambient Air/"	40				
Dressing/2 Door fridge	41				
Hot water/3 comp	133				
Sanitizer/Bucket	200				
Sanitizer/3comp.	400				

Person in Charge (Print & Sign): First: Amy Last: Newman

Regulatory Authority (Print & Sign): First: Nicolle Last: Mudafort

REHS ID: 3334 - Mudafort, Nicolle Verification Dates: Priority: Priority Foundation: Core:

REHS Contact Phone Number: (980) 635-4251

Authorize final report to be received via Email:

Comment Addendum to Inspection Report

Establishment Name: CADENCE MOORESVILLE KITCHEN **Establishment ID:** 2049160028

Date: 07/03/2024 **Time In:** 11:25 AM **Time Out:** 1:00 PM

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

16 4-602. 12 Microwave ovens' cavities and door seals shall be cleaned at least every 24 hours. Observed microwave had debris in main kitchen. Needs cleaning

37 3-302.12 Label all working containers of food (oils, spices, salts) except food that is easy to identify, such as dry pasta. Observed sugar and flour rice not labeled in white rolling containers. CDI-PIC placed labels on sugar and rice

47 4-501.11 Equipment shall be maintained in good repair. Observed prep top unit 2 cooler tops were not properly installed.

49 4-602.13 Non-food contact surfaces of equipment shall be cleaned at a frequency to prevent the accumulation of soil residue. Observed shelving in dry storage needs to be cleaned white film on shelves. Additionally, observed outside of prep units were soiled.

55 6-501.12 PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. Observed soiled walls with food accumulation near grill and prep unit.

SANITATION RATING

A 100.0

This is to certify that

Cadence Mooresville Kitchen

was inspected on July 3rd, *20*24

North Carolina Department of Health and Human Services
Division of Public Health
Environmental Health Section

By Nicole Mudgett
Registered Environmental Health Specialist
#3334

THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
MAY 20, 1775
APRIL 12, 1776
ESSE QUAM VIDERI

EHS1097 (Revised 10/13)

Environmental Health Section

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