Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL060159 12/18/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5601 MARGARET WALLACE ROAD CADENCE SENIOR LIVING AT MINT HILL** MATTHEWS, NC 28105 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Construction Section Biennial Survey by Tod Hancock on December 18, 2024. Records indicate this facility was first licensed on July 31, 2017. The facility is currently licensed for 84 Beds including a 24 Bed Special Care Unit. Therefore, the facility was surveyed for conformance to applicable portions of the 2012 Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure. Deficiencies were cited and a Plan of Corrections is required. C 111 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 an interview with the Executive Director and Maintenance Director, the facility failed to maintain in the facility, current (completed within the last twelve months) sanitation and fire and building safety inspection reports available for review. Findings on December 18, 2024: a. A copy of the current fire sprinkler system inspection report was not available for review.

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
HAL060159		B. WING		12/18/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE			
CADENCE SENIOR LIVING AT MINT HILL 5601 MARGARET WALLACE ROAD MATTHEWS, NC 28105						
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	OULD BE COMPLETE	
C 189	Continued From page 1		C 189			
C 189	Building Equipment Maintained Safe, Operating		C 189			
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER ad all fire safety, electrical, umbing equipment in an adult maintained in a safe and				
	This Rule is not met as evidenced by: 1. Based on observation, the building's emergency equipment was not maintained in a safe and operable manner. Findings on December 18, 2024: a. SCU- C hall- The mag lock override box does not emit a sound when opened. 2. Based on observation, the building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be accomplished without the use of keys, tools, special knowledge, or effort. This could affect all if the exit cannot be opened trapping someone inside. Findings on December 18, 2024: a. Kitchen - The walk-in freezer has an inside door releasing device that turns the outside catch					
	was not operable.	The inside releasing device				

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