

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/18/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>CADENCE SENIOR LIVING AT MINT HILL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5601 MARGARET WALLACE ROAD MATTHEWS, NC 28105</b>		
(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 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 000	Executive Director and Maintenance Director audited inspections for last twelve months. All records in compliance.  Community safety binder is updated and Maintenance Director, ED, or designee will conduct monthly drills as well as quarterly audit of records to be accessible for inspections.	
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.	C 111		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

FJU521

If continuation sheet 1 of 2

Division of Health Service Regulation

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C 189	Continued From page 1	C 189		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p><b>SECTION .0300 - PHYSICAL PLANT</b>  <b>10A NCAC 13F .0311 OTHER</b>  <b>REQUIREMENTS</b>  (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.</p> <p>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.</p> <p>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 unlocking the door. The inside releasing device was not operable.</p>	C 189	<p>Maintenance Director completed audit of all mag lock override boxes and replaced/repaired as needed. All mag locks in working condition as of January 21, 2025.</p> <p>Maintenance Director, ED, or designee will complete weekly audits of all magnetic locks on Special Care unit weekly beginning January 21, 2025 to continue through February 28, 2025 and monthly thereafter.</p> <p>Maintenance Director inspected door release device to find the device was not operating effectively. Maintenance Director repaired the release device. Device is in working condition as of January 21, 2025</p>	