

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/13/2025
NAME OF PROVIDER OR SUPPLIER CADENCE SENIOR LIVING AT MINT HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report of a Construction Section Biennial Follow Up Survey conducted by Tod Hancock on May 13, 2025. Deficiencies remain uncorrected and a Plan of Correction is required.	{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 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 May 13, 2025: a. A copy of the current fire sprinkler system inspection report was not available for review.	{C 111}	Sprinkler report submitted.	

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

TITLE

(X6) DATE

Randi Finnegan Executive Director 6/5/24