

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2025
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NAME OF PROVIDER OR SUPPLIER MINT HILL SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 10830 LAWYERS ROAD CHARLOTTE, NC 28227
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C 000	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Suzanna Fay conducted on June 25, 2025.</p> <p>Records indicate this facility was first licensed on July 24, 1997 for 36 residents. A 46 bed addition was licensed December 23, 1999 for a total of 82 residents, including a 18 Bed Special Care Unit. Based on this information we are requiring the facility to meet the applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds which includes the 1996 "Homes for the Aged and Disabled - Minimum Standards and Regulations" and the 1996 North Carolina State Building Code, Section 409- Institutional (I) Occupancy</p> <p>Deficiencies have been cited and a Plan of Correction is required.</p>	C 000		
C 101	<p>Existing Licensed Fac- No less than '71 Rules</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;</p>	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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C 101	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by:</p> <p>1. Observations revealed that the facility does not meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration. Electromagnetic locks shall have an on/off emergency release switch capable of interrupting power to all electromagnetically locked doors in the facility. Release switches shall be located and properly identified at each nurses station serving the locked unit. An additional on/off emergency release switch shall be provided for each locked door and located within 3 feet of the door.</p> <p>Findings on June 25, 2025:</p> <p>a. Kitchen - the emergency override switch at the back exit did not release the magnet on the door. The door did release on the fire alarm and with the central emergency release.</p>	C 101		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Review of records revealed that the facility did not have current fire and building safety inspection reports available for review.</p>	C 111		

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C 111	Continued From page 2 Findings on June 25, 2025: a. A copy of the current Fire Sprinkler Inspection report was not available for review.	C 111		
C 143	Janitor's Closets-Locked SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use; This Rule is not met as evidenced by: 1. Observations revealed that all storage rooms and closets containing substances which may be hazardous in ingested, inhaled or handled were not kept locked. Findings on June 25, 2025: a. 100 Hall Nurses Station - the Med Room was unlocked. The cabinets inside the Med Room were not locked and medicines, ointments and other items were observed on the shelves and easily accessible. The room was locked at the time of survey.	C 143		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing	C 160		

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C 160	Continued From page 3 facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Observations revealed that the outside premises were not maintained in a clean and safe condition. Openings in the exterior soffits allows for pests to enter the facility. Findings on June 25, 2025: a. A vehicle has hit the front canopy damaging the exterior fascia trim and causing the soffit to detach in places leaving openings in the exterior soffit.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Observations revealed that the furniture is not kept clean and in good repair. Findings on June 25, 2025: a. Bathrooms in Pod for Rooms 112 through 115 - the edges of the cabinet doors and edges have	C 164		

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C 164	Continued From page 4 moisture damage. b. Bath by Room 212 - the cabinet doors were damaged and have been removed. 2. Observations revealed that the walls, ceilings and floors were not kept in good repair. Findings on June 25, 2025: a. Bath by Room 111 - the wall at the toilet is indented and appears to have water damage. b. Bath by Room 111 - a ceiling patch in the shower is failing. c. There is a general pattern of exhaust fans with heavy accumulations of dust. d. There is a general pattern in the resident bathrooms of the soap dispensers being replaced. The walls where the old dispensers were located have not been patched and painted. e. Room 405 - the door is rubbing on the floor and scraping the finish leaving a 1/4 white circle. f. Room 209 - the wall between the shower and the toilet has moisture damage. g. Bath by Room 212 - the floor behind the toilet is separating and buckling and the towel bar is not secure on one end. h. Room 302 Bath - the floors are heavily scuffed and a patch is raised and appears to be failing.	C 164		
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.	C 166		

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C 166	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Observations revealed that the facility was not maintained free of all obstructions and hazards. If staff cannot quickly access the emergency override switches, residents and staff could be injured during a fire or other emergency if the relay on the magnets failed and they could not access the emergency override switch. <p>Findings on June 25, 2025:</p> <ol style="list-style-type: none"> The screamer boxes protecting the emergency override switches were tied with heavy plastic ties that required a tool to break. These were removed at the time of survey. Based on observation there is a failure to maintain the facility free from hazards. Means of egress or exit paths that are obstructed or blocked could delay or hinder emergency evacuation of the occupants from the facility. <p>Findings on June 25, 2025:</p> <ol style="list-style-type: none"> 400 Hall Courtyard - the gate to exit the courtyard is dragging and requires excessive force to open. Based on observation the facility was not maintained free from hazards. Oxygen bottles were improperly stored. Oxygen bottles without any means of restraint to prevent them from falling or being knocked over may present a danger to the occupants of the facility. <p>Findings on June 25, 2025:</p> <ol style="list-style-type: none"> Room 202 - there were five tall oxygen bottles stored in a shallow plastic tray by the right bed with no means of restraint to prevent them from 	C 166		

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C 166	Continued From page 6 falling over.	C 166		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Review of records revealed that the facility is not conducting fire rehearsals on each shift per quarter and the records did not include a short description of what the rehearsal involved.</p> <p>Findings on June 25, 2025:</p> <p>a. There was not a fire drill conducted on the third shift during the fourth quarter of 2024.</p> <p>b. The fire drill logs for April and May of 2025 could not be located at the time of survey.</p> <p>c. There was not a short description of what the rehearsal involved.</p>	C 185		
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER</p>	C 189		

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C 189	<p>Continued From page 7</p> <p>REQUIREMENTS</p> <p>(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.</p> <p>(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:</p> <p>1. Observations revealed that the plumbing equipment was not maintained in a safe and operating condition.</p> <p>Findings on June 25, 2025:</p> <p>a. 100 Hall Nurses Station - the toilet is damaged and out of service. A new one is on order.</p> <p>b. 400 Hall Dining/Living Area Bathroom - the toilet is clogged.</p> <p>2. Based on observation the facility's fire safety equipment is not maintained in a safe and operating condition. Accelerators in the off position could indicate abnormal conditions and may delay the operation of the sprinkler system in the event of a fire.</p> <p>Findings on June 25, 2025:</p> <p>a. Riser Room - the accelerator is off and interview with staff revealed that it is in need of replacement.</p> <p>3. Based on observation the facility's fire safety 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 during a fire.</p>	C 189		

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C 189	<p>Continued From page 8</p> <p>Findings on June 25, 2025:</p> <p>a. Living Area by Room 103 - the wall mounted fire strobe is not secure and is hanging loosely from the wall.</p> <p>b. Pods 112 through 115 - the smoke detector in the foyer is not secure to its base.</p> <p>4. Based on observation there is a failure to maintain the building's fire safety components in a safe operating condition. Any unapproved device used to keep a door open is an impediment to quickly closing the door. The occupants in the facility could be affected if doors cannot be closed as required so as to limit the spread of smoke and/or fire to the area of origin.</p> <p>Findings on June 25, 2025:</p> <p>a. The door to Room 112 is propped open using a wedged device.</p> <p>b. 200 Hall Laundry - the door was wedged open using a thick square of cardboard.</p> <p>5. Observations revealed that the electrical equipment was not maintained in a safe and operating condition. Screamer boxes at emergency switches that do not alarm may allow for elopement by not alerting staff that the box has been opened and the switch may have been tampered with.</p> <p>Findings on June 25, 2025:</p> <p>a. There was a general pattern of screamer boxes for the override switches that did not alarm when the box was opened.</p> <p>6. Based on observation there is a failure to maintain the building's fire safety systems in a safe condition. Holes or gaps at penetrations through fire resistant rated ceilings could allow</p>	C 189		

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C 189	<p>Continued From page 9</p> <p>fire and smoke to spread beyond the area of origin.</p> <p>Findings on June 25, 2025:</p> <p>a. Bath by Room 106 - the fan cover is loose and does not cover the opening in the ceiling.</p> <p>7. Based on observation the electrical equipment has not been maintained in a safe manner. This is a potential shock hazard if receptacles near water sources do not function to provide shock protection.</p> <p>Findings on June 25, 2025:</p> <p>a. 400 Hall Living/Dining Room Bathroom - the GFCI outlet at the sink does not have power.</p> <p>8. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. Occupants in the smoke compartment could be exposed to smoke or fire if doors do not completely close and latch to help limit the spread of smoke or fire to the area of origin.</p> <p>Findings on June 25, 2025:</p> <p>a. Room 405 - the door is rubbing hard on the floor making it difficult to close and the door does not latch when closed.</p> <p>b. Room 402 - the door hardware is loose and the door is difficult to open.</p> <p>c. Kitchen - the right door entering the Kitchen from Dining is damaged and does not operate for use.</p> <p>d. 200 Hall Laundry - the door is equipped with an automatic closer and the door did not automatically close and latch.</p> <p>e. The corridor door to Pod 210 is rubbing on the floor and does not close.</p> <p>f. 300 Hall Clean Linen - the door has been</p>	C 189		

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C 189	<p>Continued From page 10</p> <p>gouged out at the latch. The latching device has been removed and the door does not latch when closed.</p> <p>g. Employee Lounge - the door has dropped and is hitting the frame and does not close without lifting the door.</p> <p>9. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke resident room doors must not have holes or gaps through the face of the door.</p> <p>Findings on June 25, 2025:</p> <p>a. Room 404 - there is a 1/4" diameter hole through the door at the door hardware.</p> <p>b. Room 207 - there is a 1/4" diameter hole through the door at the door hardware.</p> <p>c. Employee Lounge - there is a 1/4" diameter hole through the door at the door hardware.</p> <p>10. Based on observation the facility did not maintain electrical emergency/safety lighting equipment in safe operating condition. Occupants of the facility could be affected if the signs indicating exit paths could not be seen in the event of an emergency evacuation.</p> <p>Findings on June 25, 2025:</p> <p>a. The exit sign over the cross corridor doors to the 200 Hall is not illuminated.</p> <p>11. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition. The occupants in the smoke compartment could be affected if the fire resistant rated doors do not completely close and latch to help limit the spread of smoke and/or fire to the area of origin.</p>	C 189		

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C 189	<p>Continued From page 11</p> <p>Findings on June 25, 2025:</p> <p>a. The right hand door on the cross corridor doors to the 100 Hall Pods is not closing when released by the fire alarm.</p> <p>b. The left hand door to the 200 Hall does not fully close when released by the fire alarm.</p> <p>12. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe condition. In order to resist the passage of smoke, the smoke barrier doors must not have gaps between the doors.</p> <p>Findings on June 25, 2025:</p> <p>a. There is a gap between the doors to the 300 hall ranging from 1/4" at the top to 1/2" or more at the bottom.</p>	C 189		
C 195	<p>Hot Water System</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C).</p> <p>(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:</p> <p>1. Based on observation and testing, it was</p>	C 195		

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C 195	Continued From page 12 revealed that the water temperature at all fixtures used by residents was not maintained between 100 degrees F and 116 degrees F. Findings on June 25, 2025: a. Beauty Salon - the water temperature at the sink was 120 degrees F. b. 300 Hall Spa - the water temperature at the sink was 120 degrees F.	C 195		
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 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. Observations revealed that the facility did not maintain exhaust ventilation in specified spaces. Lack of ventilation allows for the build up of humidity that can cause mildew and slick areas and prevents the dissipation of odors. Findings on June 25, 2025:	C 199		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2025
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NAME OF PROVIDER OR SUPPLIER MINT HILL SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 10830 LAWYERS ROAD CHARLOTTE, NC 28227
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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 199	Continued From page 13 a. Only one of the exhaust fans tested in the facility was working.	C 199		