

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE WEDDINGTON PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2404 PLANTATION CENTER DRIVE 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	<p>Initial Comments</p> <p>Report of a Construction Section Biennial Survey by Ryan Meyer conducted on August 26, 2025.</p> <p>Records indicate the facility licensed on August 18, 1998 for 83 residents. Based on this information, we are requiring that this facility to meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2025 Rules for Adult Care Homes of Seven or More Beds, and the 1996 w/98 rev Edition of the North Carolina State Building Code; Section 409 Institutional Occupancy - Group I.</p> <p>Deficiencies were cited that require a Plan of Correction.</p>	C 000		
C 121	<p>10A NCAC 13F .0311(a) Building equipment maintained safe, operating</p> <p>10A NCAC 13F .0311 Other 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>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on observation the facility is not maintaining the electrical components located near a water source in a safe manner.</li> </ol> <p>Findings on August 26, 2025:</p> <ol style="list-style-type: none"> <li>The outlet behind the washer machine in the laundry room are not GFCI protected.</li> <li>The outlet at the left side of the front porch is missing its in-use cover.</li> </ol> <ol style="list-style-type: none"> <li>Based on observation there is a failure to maintain the building's fire safety equipment</li> </ol>	C 121		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL060042</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/26/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE WEDDINGTON PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2404 PLANTATION CENTER DRIVE 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 121	<p>Continued From page 1</p> <p>systems in a safe condition. Holes or gaps at penetrations in the fire resistant rated walls and ceilings could allow fire and smoke to spread beyond the area of origin.</p> <p>Findings on August 26, 2025: a. Where a 2 inch sprinkler line is coming through the wall in the laundry room there is a large opening around the pipe that requires the proper material to seal the opening.</p>	C 121		