



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

**ROY COOPER** • Governor

**KODY H. KINSLEY** • Secretary

**MARK PAYNE** • Director, Division of Health Service Regulation

October 3, 2024

Mike Walters, Executive Director (via email only)  
140 Brookstone Terrace  
Pittsboro, NC 27312

RE: Cambridge Hills of Pittsboro – ACH Biennial Follow-up Construction Survey  
140 Brookstone Terrace  
Pittsboro (Chatham County)  
FID #990292

Dear Mr. Walters:

On **June 17, 2024**, a Biennial Follow-up Construction Survey was conducted at your facility by the Construction Section of the Division of Health Service Regulation to determine if your facility was in compliance. As a result of this survey, your facility is not in substantial compliance due to uncorrected deficiencies. Failure to correct the outstanding deficiencies may jeopardize the status of your license. Corrections are required and a **Signed Plan of Correction** must be submitted.

Plan of Correction (POC)

A POC for the deficiencies must be submitted October 18, 2024.

Your POC for the deficiencies must contain the following:

- o What corrective action(s) will be accomplished by the facility to correct the deficient practice;
- o How you will identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective action will be taken;
- o What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- o How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- o Include dates when corrective action will be completed. The corrective action dates must be acceptable to the State. Any completion date greater than **15** days from date of survey requires a written waiver from DHSR – Construction Section.
  - Corrective action must begin immediately.

**Your Signed Plan of Correction can be:**

Mailed to: DHSR Construction Section  
2705 Mail Service Center  
Raleigh NC 27699-2705

Faxed to: (919) 733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

Please do not hesitate to call us if you have questions or if we can be of further assistance.

Sincerely,

*Tod Hancock*

Tod Hancock  
Biennial Institutional Engineering Surveyor  
DHSR – Construction Section

cc: DHSR – Adult Care Licensure Section  
County Building Inspection Department – with attachment (via email only)  
Chatham County DSS – with attachment (via email only)

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL019019</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING: _____                                                                                                                                          |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/17/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CAMBRIDGE HILLS OF PITTSBORO</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>P O BOX 1209<br/>PITTSBORO, NC 27312</b>                                                                                                                                |                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                            | (X5)<br>COMPLETE<br>DATE |                                                                    |
| {C 000}                                                                 | Initial Comments<br><br>Report of a Biennial Construction Follow Up<br>Survey by Tod Hancock conducted on June 17,<br>2024.<br><br>Deficiencies were cited that require a Plan of<br>Correction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {C 000}                                                                       |                                                                                                                                                                                                                     |                          |                                                                    |
| {C 189}                                                                 | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical,<br>mechanical, and plumbing equipment in an adult<br>care home shall be maintained in a safe and<br>operating condition.<br>(k) This Rule shall apply to new and existing<br>facilities with the exception of Paragraph (e)<br>which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>1. Based on observation there is a failure to<br>maintain the building's fire safety systems in a<br>safe condition. Holes or gaps at penetrations<br>through fire resistant rated ceilings could allow<br>fire and smoke to spread beyond the area of<br>origin.<br><br>Findings June 17, 2024:<br><br>a. SCU Near Rooms 102,104, End of Hall-<br>Sprinkler head pendants are missing. Note:<br>these parts have been ordered. | {C 189}                                                                       | <br>Executive Director<br><br>All sprinkler pendants 8/19/24<br>that were on order<br>were installed.<br>See attached pictures. |                          |                                                                    |

Division of Health Service Regulation

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

TITLE

(X6) DATE











