STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL049036	A. BUILDING: **01** B. WING _____	C **10/22/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW LAKES OF STATESVILLE	**1372 EUFOLA ROAD** **STATESVILLE, NC 28677**

(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 Biennial Construction Complaint Survey by Tod Hancock, conducted on October 22, 2024. Information gathered from DFS Master Facility File indicates this facility was first licensed on 8-1-1975. Information gathered from the Iredell County DSS indicates that the facility may have been built and licensed as early as 1960 for 13 beds and increased capacity to 40 beds sometime in 1977. The home is currently licensed for 40 beds. Based on this information, we are requiring the facility to meet the requirements of the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1967 North Carolina State Building Code, and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. The complaint alleges that the facility received notification that the public water provider was going to disconnect the water due to the back flow preventer not being inspected/tested since 2017. The backflow preventor has been tested/inspected and is functioning properly. The facility is provided with public water. The Complaint is not valid.	C 000		