STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060167	A. BUILDING: 01 B. WING _____	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DE GOOD SHEPHARD SENIOR LIVING	14809 BRIDGEWATER LN MINT HILL, NC 28227

(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 by David Hickman DHSR Construction Section conducted a Biennial Survey on February 27, 2025 from 9:20 am to 10:30 am at the above referenced facility. DHSR records indicate the home was first licensed on June 16, 2021 as a Family Care Home for six (6) ambulatory residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). A change of ambulatory status was completed on October 3, 2022 for six (6) non-ambulatory residents (unable to respond and evacuate without any physical assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of the 2018 North Carolina State Building Code - Section 428.4 Small non-ambulatory care facilties. NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with onsite staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 115	Construction-Consult Local BI for Permits SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND	C 115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060167	A. BUILDING: 01 B. WING _____	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DE GOOD SHEPHARD SENIOR LIVING	14809 BRIDGEWATER LN MINT HILL, NC 28227

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C 115	Continued From page 1 CONSTRUCTION (l) The local code enforcement official shall be consulted before starting any construction or renovations for information on required permits and construction requirements. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the rear building was being used as an office and also had two beds set up in the other portion of the building with the appearance that these were used for sleeping purposes. The building had electrical and plumbing installed. This is not compliant with the rule. Please provide documentation that permits were obtained and inspections completed for the permitted work.	C 115	Mecklenburg County code enforcement inspection is Scheduled for April 17th at 0800.	
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home 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. 1. At the time of the survey it was observed that the most recent sanitation inspection report was not on site and available for review. This is not compliant with the rule. Take the necessary steps to provide these reports for review. A copy of these reports needs to be kept on site as well.	C 117	Current sanitation inspection was misplaced at the time of visit. Please see attached document for the result.	
C 147	Outside Entrances/Exits-Single Hand Motion SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE	C 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL060167	A. BUILDING: 01 B. WING _____	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DE GOOD SHEPHARD SENIOR LIVING	14809 BRIDGEWATER LN MINT HILL, NC 28227

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C 147	Continued From page 2 AND EXITS (d) All exit door locks shall be easily operable, by a single hand motion, from the inside at all times without keys. Existing deadbolts or turn buttons on the inside of exit doors shall be removed or disabled. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the front door did not have a single motion unlocking device. This is not compliant with the rule. Take the necessary steps to install a single motion unlocking device on the front door.	C 147	Single hand motion lock installed. Please see Photo attached.	
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey, it was observed that the outlets along the sink counter were not GFCI protected. This is not compliant with the rule. Take the necessary steps to install the proper GFCI protected outlets. 2. At the time of the survey, it was observed that the window in the front center bedroom would not stay open when raised. This is not compliant with the rule. Take the necessary steps to repair the window, so it stays open when raised.	C 174 2.	Upgrade of the socket to GFCI done on 04/02/25. Please see ~~Photos of receptacle of Purchase and~~ exit door attached photos of GFCI in the kitchen and bathroom. Front Center room window repaired on 3/18/25. Photo/invoice attached	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DE GOOD SHEPHARD SENIOR LIVING	14809 BRIDGEWATER LN MINT HILL, NC 28227

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C 174	Continued From page 3 3. At the time of the survey, it was observed that the GFCI receptacle in the left hallway bathroom did not have power. This is not compliant with the rule. Take the necessary steps to repair the receptacle. 4. At the time of the survey, it was observed that there was chipping paint on the front gable trim. This is not compliant with the rule. Take the necessary steps to scrape the chipping paint and reapply as needed. 5. At the time of the survey, it was observed that the exterior exhaust vent for the dryer was clogged with lint causing the dryer not to work properly and creating a possible fire ignition hazard. This is not compliant with the rule. Take the necessary steps to clean out the dryer exhaust so the dryer will work properly, and the ignition hazard is reduced. 6. At the time of the survey, it was observed that there were slide bolt locks on the gate to the rear yard causing possible slowed egress in an emergency. This is not compliant with the rule. Take the necessary steps to remove the slide bolt locks. 7. At the time of the survey, it was observed that there was an abundance of debris in the rear yard and under an open tent causing trip and fall hazards. This is not compliant with the rule. Take the necessary steps to clean the debris and securely store all materials so they cannot be accessed by the residents. 8. At the time of the survey, it was observed that there was an abundance of storage items in the room where the electrical panel and water heater	C 174	GFCI socket installed in the hallway bathroom 03/28/25. Please see photo. 4. Front gable trim scraped and painted on 03/25/25 Please see photo. 5. Exterior exhaust vent for dryer cleaned. see photo. 6. Fence slide bolt lock removed for easy egress in emergency. See photo. 7. Rear yard debris cleared. Pics. See photos.	

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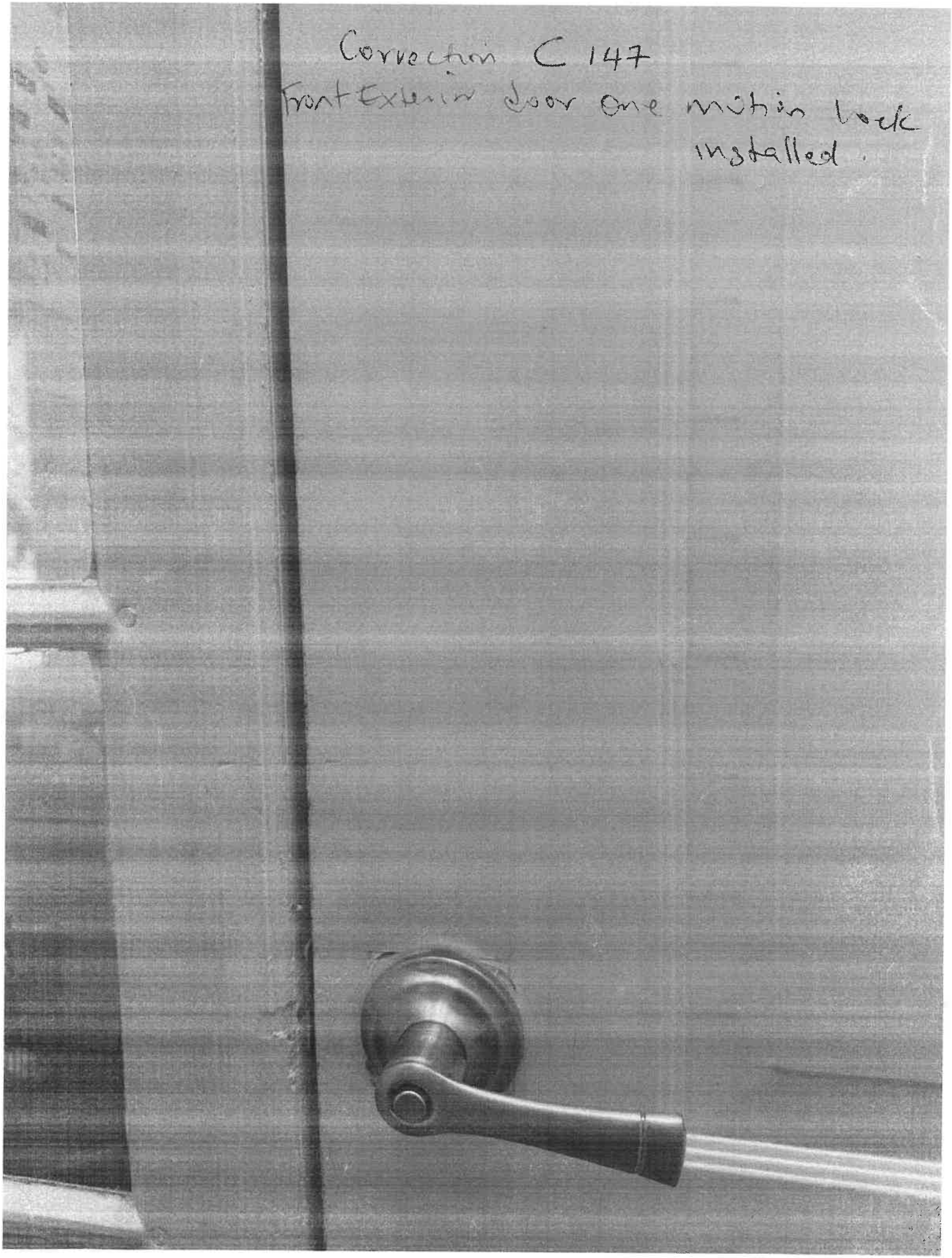
	FCL060167	A. BUILDING: 01 B. WING _____	02/27/2025

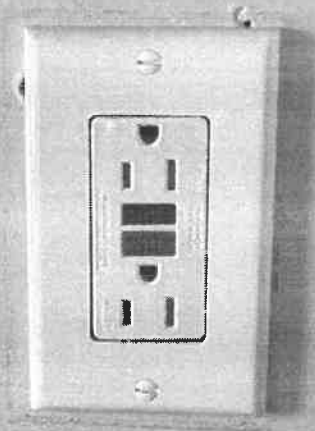
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DE GOOD SHEPHARD SENIOR LIVING	14809 BRIDGEWATER LN MINT HILL, NC 28227

(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 174	Continued From page 4 is located preventing access to these devices. This is not compliant with the rule. Take the necessary steps to remove or straighten the items so the panel and water heater can be easily accessed.	C 174	Electrical panel, and water heater room cleared of item. PLS See photos. Thanks.	


Correction C 147
Front Exterior door one mortise lock
installed.

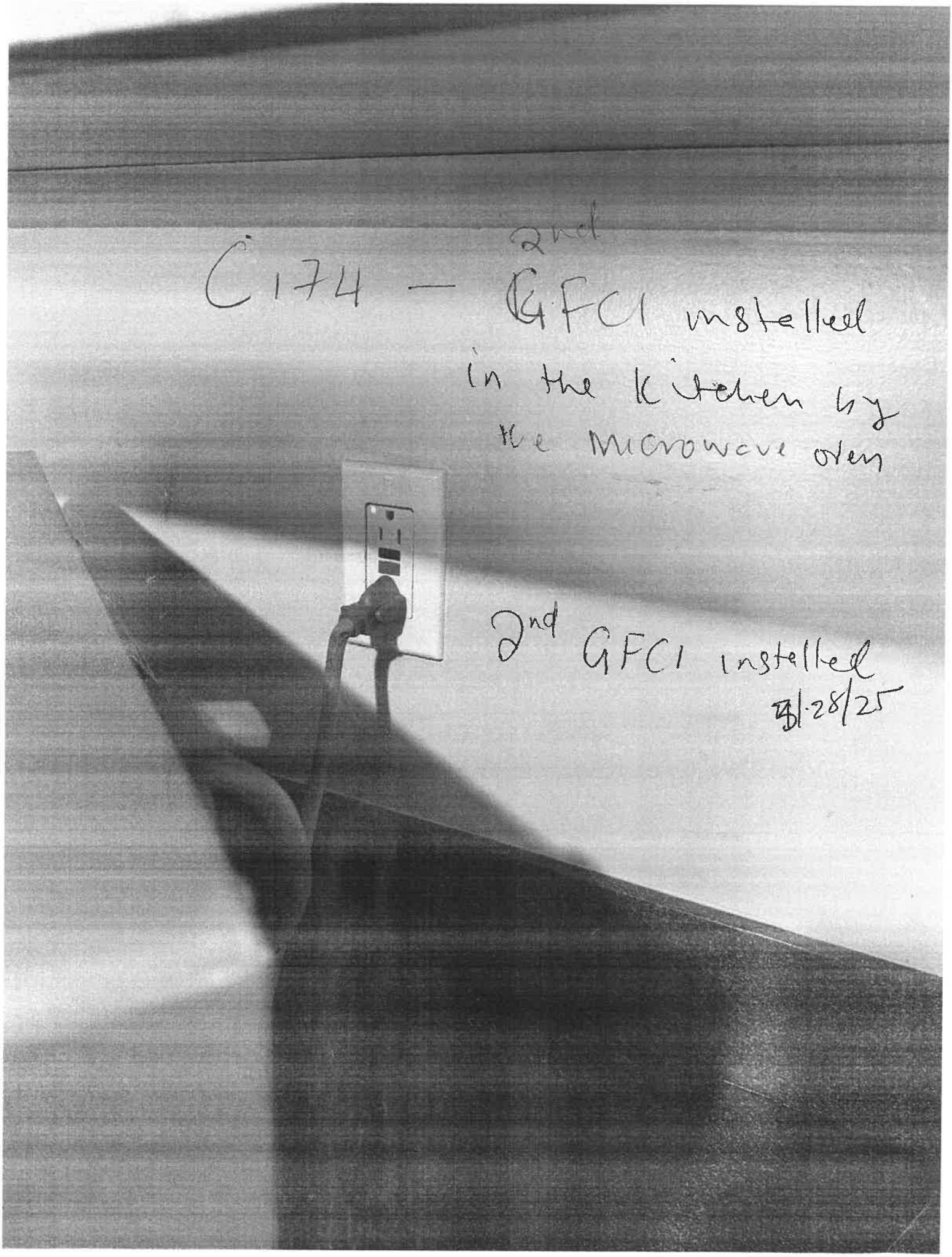
C

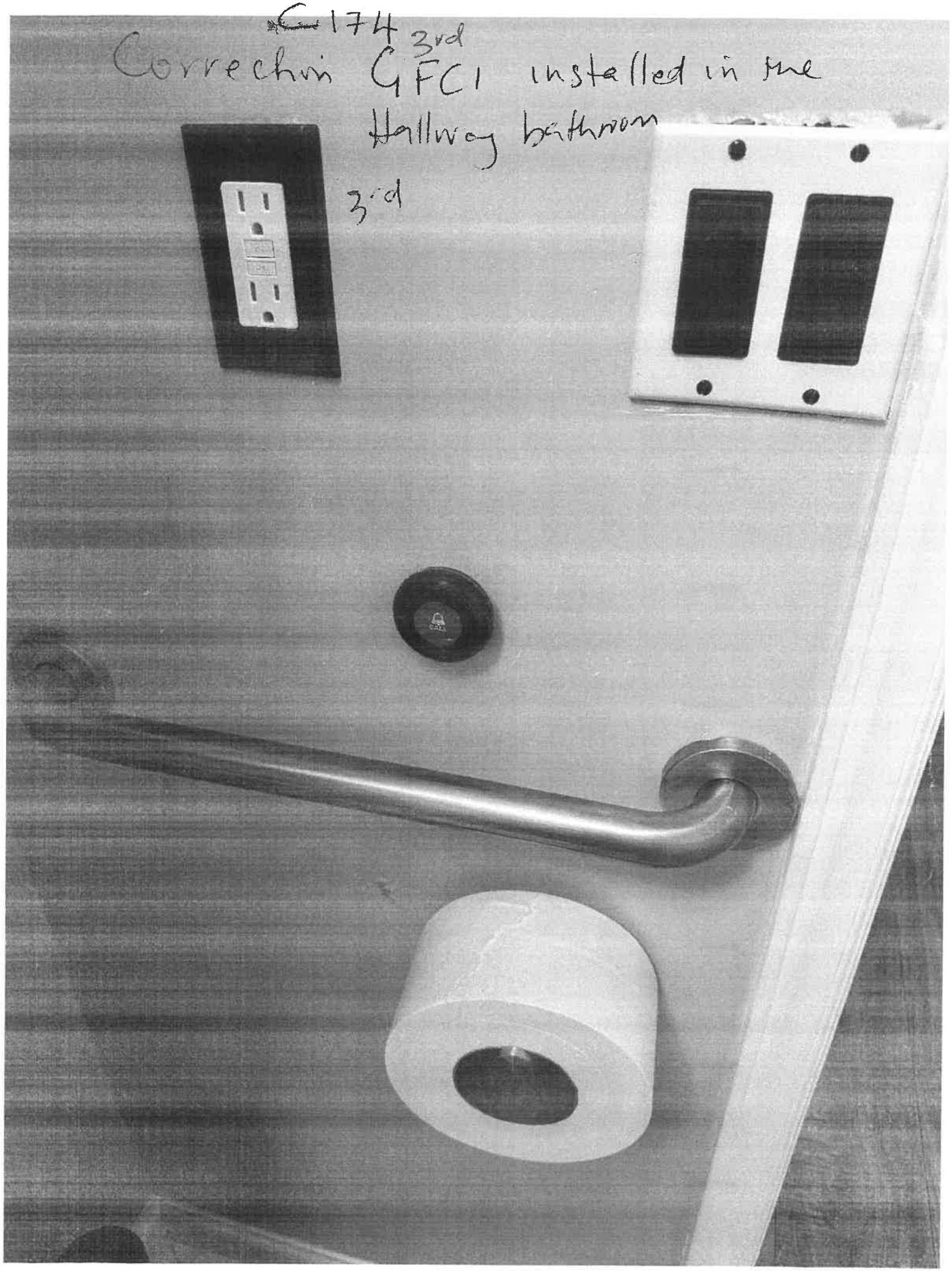
C174 —



#1

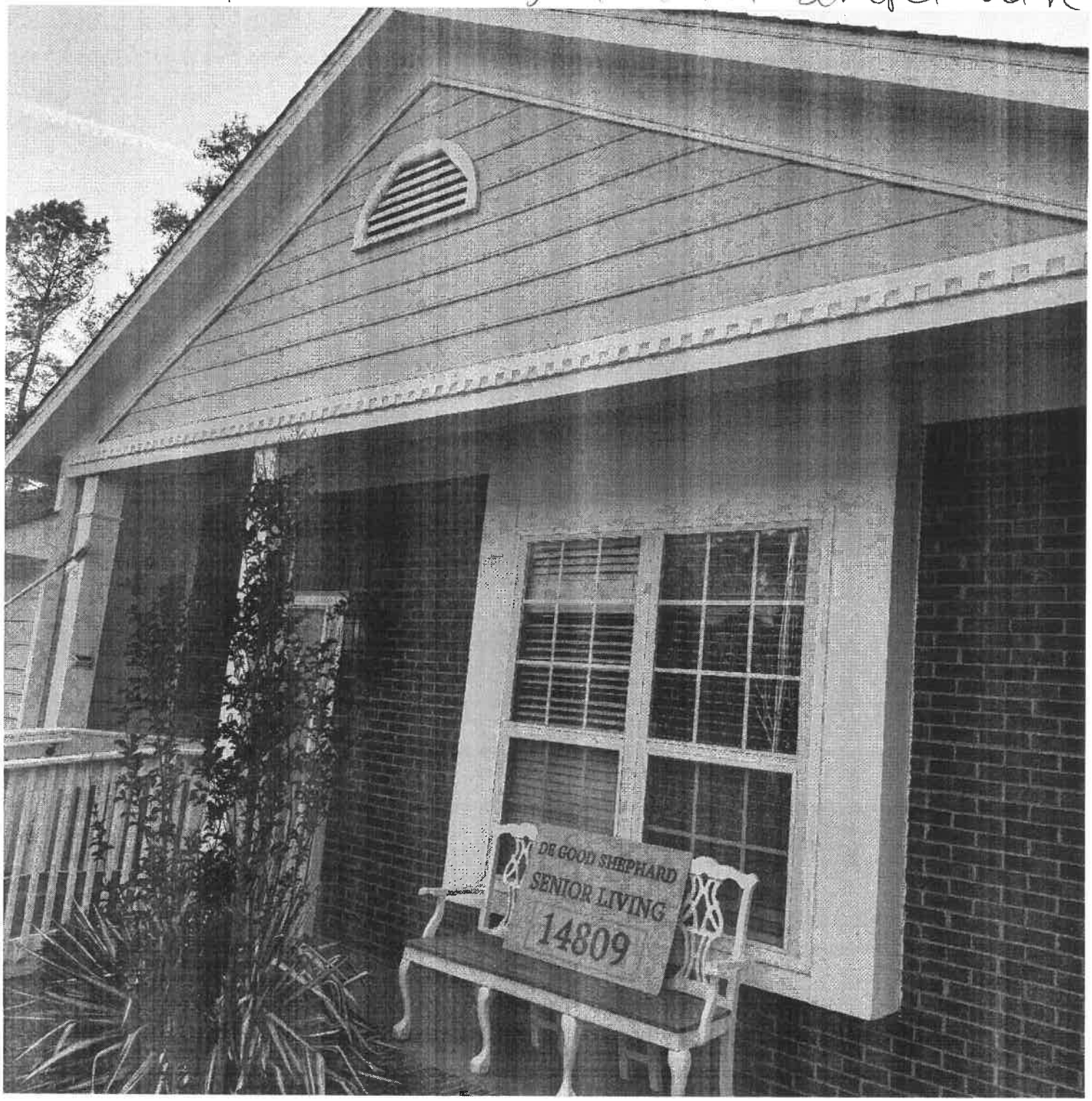
GFCI installed in the kitchen by the toaster oven


C174 — 2nd GFCI installed in the kitchen by the microwave oven
2nd GFCI installed
1-28-25

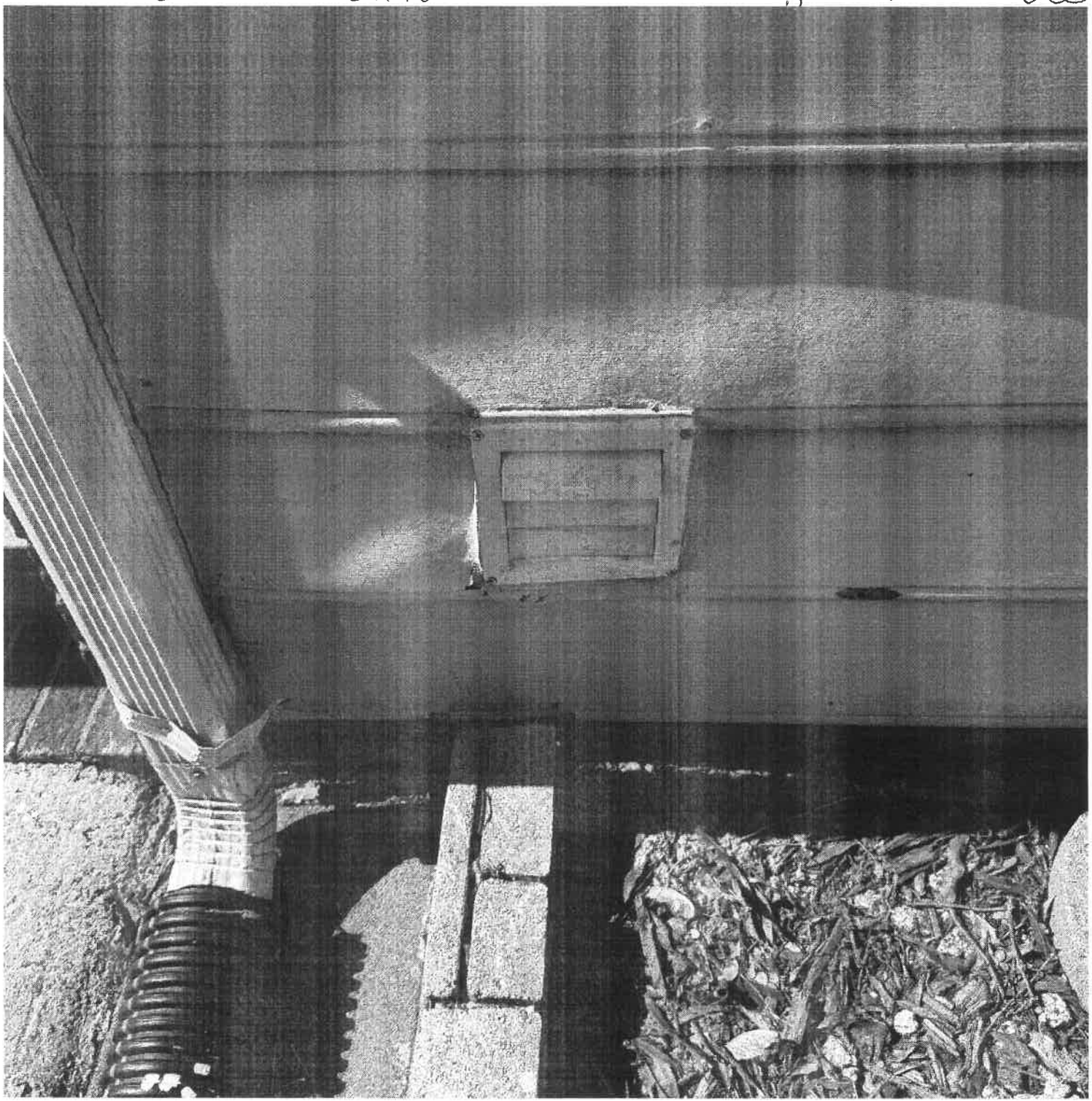

~~C~~ 174 3rd
Correction GFCI installed in the
Hallway bathroom
3rd

C174 No 2 — 1st Room window repaired

C174 - Front Gable trim scraped and re-painted



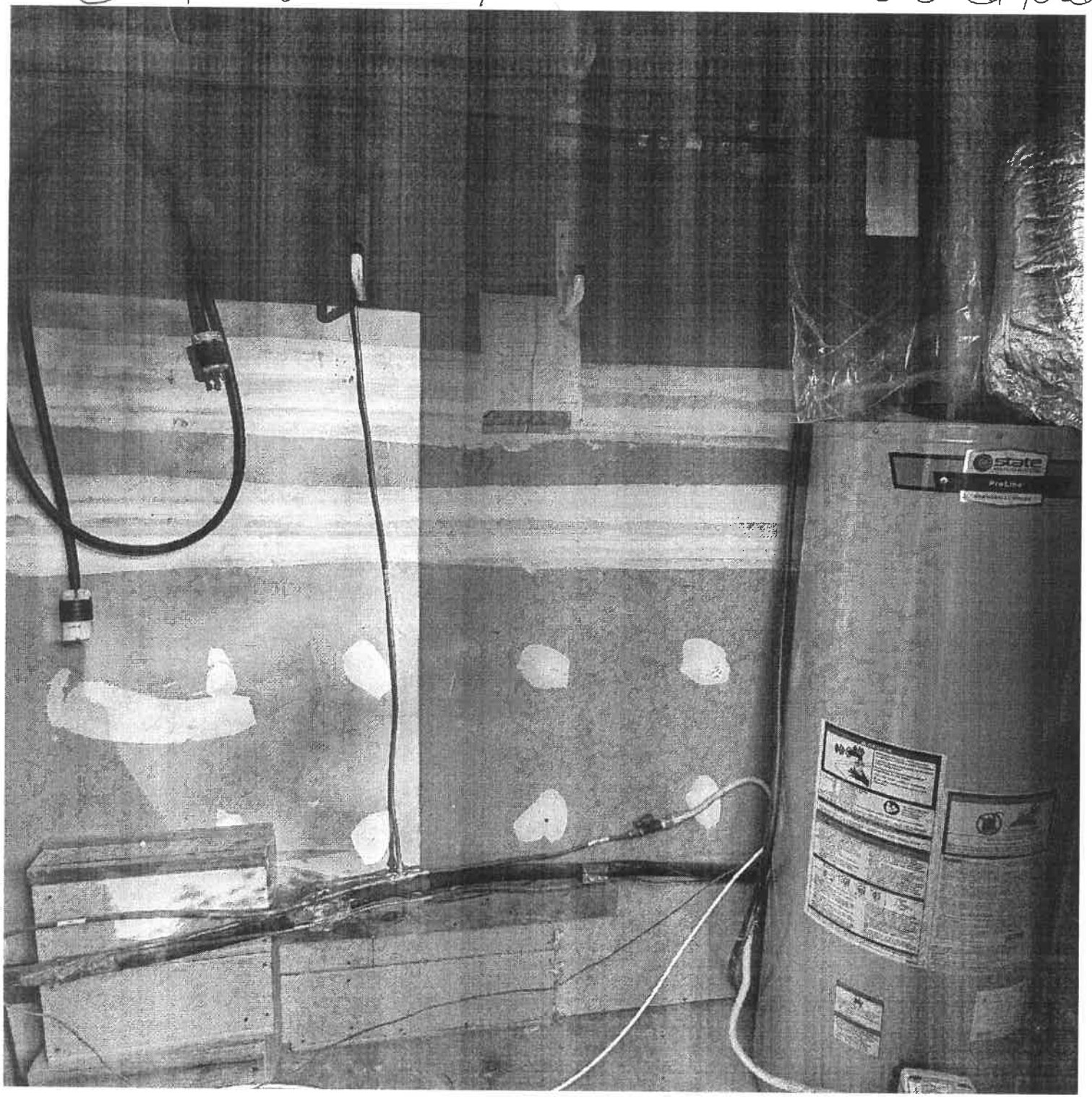
C174 No 5 Exterior exhaust dryer Vent cleared

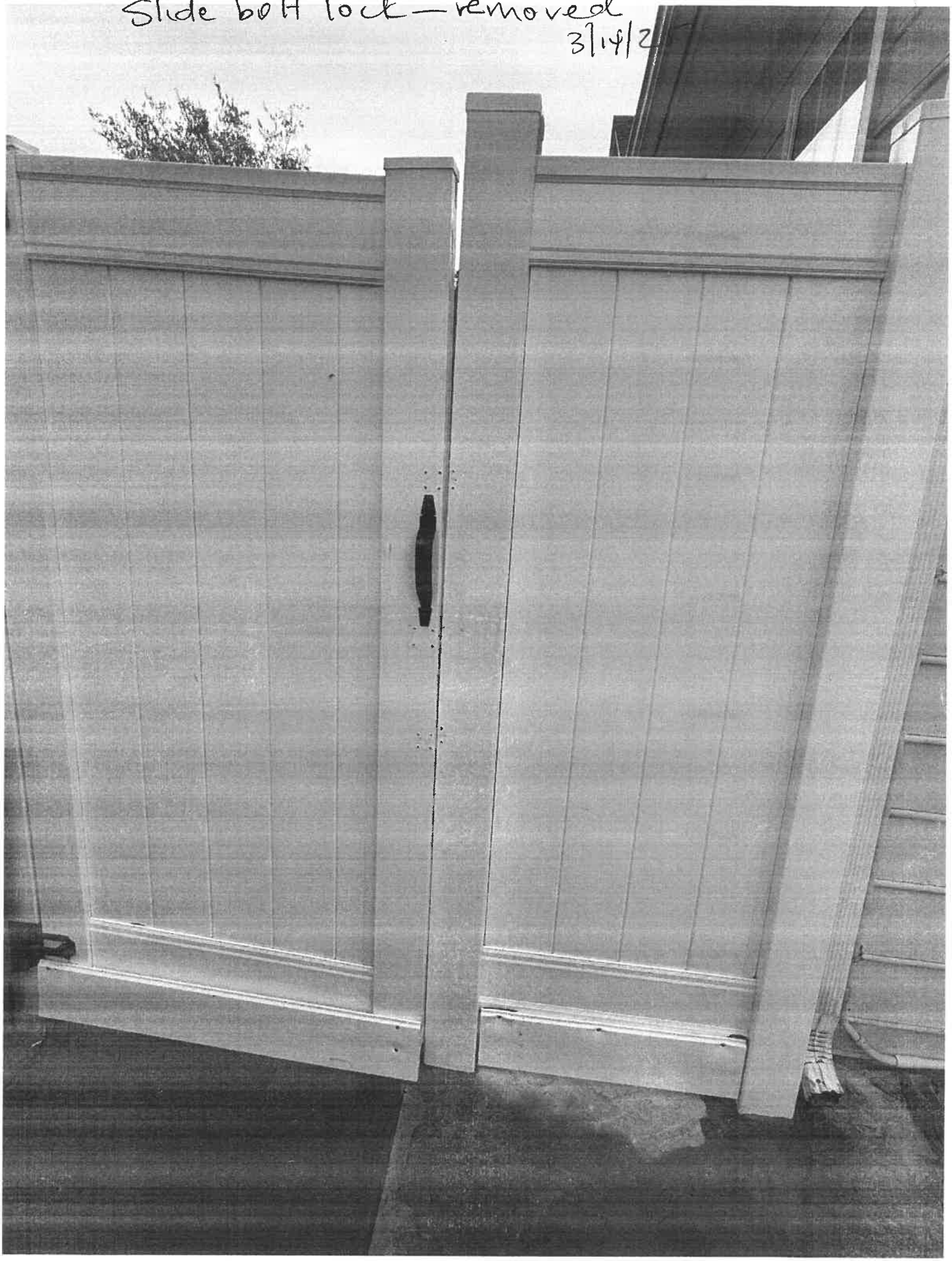


C174 No 7. Rear Yard cleared

C174 Rear Yard #7 – Rear Yard Cleared & Cleaned

C174 – Electrical / water heater room cleared / cleaned




Slide bolt lock — removed
3/14/2

Window repair (1st room).

Mr. Handyman
a neighborly company

Mr. Handyman of South Charlotte, Matthews, Waxhaw / Mr Handyman of Rock Hill and Fort Mill
608 Matthews Mint Hill Road, Suite F
Matthews, NC 28105
(704) 246-3381

Invoice 117167
Invoice Date 3/18/2025
Completed Date 3/18/2025
Technician Michael Hoover
Customer PO
Payment Term Due Upon Receipt
Due Date 3/18/2025

Billing Address
Dorothy Ezekwe
14809 Bridgewater Lane
Mint Hill, NC 28227 USA

Job Address
Dorothy Ezekwe
14809 Bridgewater Lane
Mint Hill, NC 28227 USA

Description of Work

Project scope:

Troubleshoot first window to see if balancers will work for the window because they are not broken or do not seem to be. They seem to be unwound and lodged. The second window, the clips are broken, but the window is not seated all the way and it needs to be adjusted.

Task #	Description	Quantity	Your Price	Your Total
MH.SCG.3323.002.1000	We appreciate your business! Estimate of work is based on what can be reasonably viewed from consultation. Mr Handyman is not responsible for any underlying structural/ mechanical issues that may be uncovered as we work through the project. Any additional work or change orders will be discussed with homeowner and review additional charges for approval. The scheduled work per day for Multiple DAY projects depicted on the estimate is subject to change.	1.00	$0.00	$0.00
MH.SCG.000.1000	Consultation Fee	1.00	$88.00	$88.00
MH.SCG.3323.001.1000	Refund Consultation Fee	1.00	$-88.00	$-88.00
MH.SCG.001.1000	Residential Dispatch Fee	1.00	$80.00	$80.00
MH.MRE.605.0100	Window repair (by estimate).	1.00	$144.00	$144.00

#	Description	Total
MH.3323.001.0010	Supply & tool Usage	$13.41

Paid On	Type	Memo	Amount
3/18/2025	Check		$253.65

Sub-Total	$237.41
Tax	$16.24
Total Due	$253.65
Payment	$253.65
Balance Due	$0.00

Thank you for choosing Mr. Handyman – A Neighborly Company
To explore all our Home Improvement and Repair Services visit: MrHandyman.com
Or for additional home services, visit our trusted family of brands at: GetNeighborly.com

Thank you for allowing Mr. Handyman of South Charlotte, Matthews, Waxhaw/Mr Handyman of Rock Hill and Fort Mill the opportunity to earn your business. Your estimate is attached.

Mr. Handyman works on a project basis, the actual final price could be more or less than the price estimated depending on the unique characteristics of your project(s). Estimates are not a contract or guaranteed price. This estimate is based on the information gathered and is subject to changes.

Correction → C117

N.C. Department of Environment and Natural Resources
Division of Environmental Health

Inspection of Residential Care Facility

(For facilities, as defined, with not more than 12 residents)

Demerit Score: 2
Date of: 05/03/2024
Status Code: A

Health Department: 60 Mecklenburg
Current Facility ID: 2060432148
Old Facility ID:

Water Supply: [X] Municipal/Community [ ] On-Site Supply
Wastewater: [X] Municipal/Community [ ] On-Site System

Water sample taken today? [ ] Yes [X] No

[X] Inspection [ ] Re-inspection [ ] Visit [ ] Name Change [ ] Verification of Closure [ ] Status Change

Name of Establishment: DE GOOD SHEPHARD SENIOR LIVING
Permittee: DE GOOD SHEPHARD SENIOR LIVING, INC
Location Address: 14809 BRIDGEWATER LN
Number of Residents: 006
City: MINT HILL State: NC Zip: 28227
Mailing Addr. 14809 BRIDGEWATER LN
City: MINT HILL State: NC Zip: 28227

Classification

[X] Approved (20 or less demerits, and no 6-point demerits) [ ] Disapproved (More than 40 demerits or failure to improve provisional classification)
[ ] Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

	Demerits	Comments
1. WATER SUPPLY: **Public supply: private supply approved 6 (.1611)**		
2. LIQUID WASTES: **Sewage and other liquid wastes disposed of by approved method 6** (.1613)		** SEE COMMENT SHEET ATTACHED **
3. FOOD SUPPLIES AND PROTECTION: **Supplies: All food clean, wholesome, no spoilage 6 (.1619)** **Protection:** Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620)		
4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; **substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6;** disposable items properly stored and handled, used only once 2 (.1618)		
5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621)		
6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612)		
7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611)		
8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610)		
9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617)		
10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616)		
11. FLOORS: In good repair 1; kept clean 2 (.1607)		
12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608)		
13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609)	2	
14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615)		
15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614)		

Comment Sheet Attached [X] Yes [ ] No

Rept Received: [signature]
TOTAL DEMERIT SCORE: 2

Inspection by: Alexis Welch
EHS I.D.# 2806 - Welch, Alexis J

Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. **Disposition:** Please refer to Records Retention and Disposition Schedule 8.B.6., for County District Health Departments which is published by the North Carolina Division of Archives & History. **Additional forms may be ordered from:** Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00) EHS 2094 (Revised 07/05) - Environmental Health Services Section (Review 07/08)

One Motion Lock / Correction - C174

THANK YOU FOR SHOPPING AT
ACE HARDWARE INDIAN TRAIL
205 INDIAN TRAIL ROAD
INDIAN TRAIL, NC 28079
Ace Store # 17963
(704) 821-9448

ACE HARDWARE INDIAN TRAIL

04/01/25 12:46PM TSM 453 SALE

5986146 1 EA $74.99 EA
DRLK LVR ENTRY COMBO SN 74.99

SUB-TOTA.:$ 74.99 TAX: $ 5.06
TOTAL: $ 80.05
DB AMT: $ 80.05

DEBIT/ATM: $ 80.05
DEBIT/ATM XXXXXXXXXXXX9679
4681 TID:*2300
002912 AMT: $ 80.05
Debit network id:40
Host reference #:21204 Bat#
Trace# 788461

Authorizing Network: MAESTRO

Chip Read
CARD TYPE:DEBIT EXPR: XXXX
AID : A0000000042203
TVR : 8000048000
IAD : 04146012[illegible]
TSI : 6800
ARC : 00
MODE : Issuer
CVM : Verified by PIN
Name : US Debit
AT : 0077
AC : 0C9B2163764C39D5

Total

==>> JRNL# 048/D
CUST NO: *12

THANK YOU BE GOOD SHOP
FOR YOUR PATRONAGE
ACE REWARDS # 1959

Customer Copy

sur .com/Ace
he

De Good Shephard Senior Living Inc.

14809 Bridgewater Lane

Mint Hill, NC 28227

Telephone 704-390-6466

Contact: Dorothy Ezekwe-Anya- PhD, MPH, RN

Administrator

EMAIL: dorothy.ezekweanya@gmail.com;

degoodshephardseniorliving@gmail.com

FAX COVER PAGE

Content: Deficiency correction copies

of pages: 11 including cover Page.