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 _____	R **05/15/2025**

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 Follow-up Survey on May 15, 2025 from 1:00 AM to 10:25 AM at the above referenced facility. Not all of the previously cited deficiencies were verified as being corrected. Therefore, further action is required.	{C 000}		
{C 115}	Construction-Consult Local BI for Permits SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND 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. * Once the work is completed and the inspections have been completed, please provide the documentation of approvals from the local inspection department.	{C 115}		