STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL060014	A. BUILDING: **01** B. WING _____	**08/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUNTER VILLAGE	**111 S CHURCH STREET HUNTERSVILLE, NC 28070**

(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 Construction Section Biennial Survey by Ryan Meyer conducted on August 27, 2025. This Facility was licensed for licensure on February 25, 1993 for Sixty-Eight (68) Residents. Therefore, this facility must meet the 1992 and the applicable portions of the 2025 Rules for the Licensing of Adult Care Homes and the 1991 North Carolina State Building Code (1993 Revision), Section 409.1 Group I- Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 121	10A NCAC 13F .0311(a) Building equipment maintained safe, operating 10A NCAC 13F .0311 Other Requirements (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. This Rule is not met as evidenced by: 1. Based on observation, the facility is not maintaining the electrical components in a safe manner. Findings on August 27, 2025: c. The junction box behind the sprinkler systems riser is missing its cover.	C 121		