

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2025
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 Construction Section Biennial Survey report by Ryan Meyer August 22, 2025 This facility was licensed on July 28, 1994 and is currently licensed for 64 residents with a 28 bed SCU. Therefore, we are requiring that this facility to meet the 1991 rules Homes For The Aged and Disabled (Minimum Standards and Regulations) and the applicable portions of the 2025 Rules for Adult Care Homes of Seven or More Beds, and the 1991 North Carolina State Building Code Section 409 Institutional Unrestrained Occupancy. Deficiencies have been cited and a Plan of Correction is required.	C 000		
C 024	10A NCAC 13F .0301(2) Physical Plant-Existing meet Rules in effect 10A NCAC 13F .0301 Application Of Physical Plant Requirements Adult Care Homes shall apply the following physical plant requirements: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet the licensure and code requirements in effect at the time of licensure, construction, change in service or bed count, addition, modification, renovation, or alteration. This Rule is not met as evidenced by: 1. Observations revealed that the facility was not in Compliance with all applicable portions of the North Carolina State Building Code in effect at the time the facility was constructed or last renovated. All Egress doors must be able to open with one hand motion.	C 024		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2025
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 024	Continued From page 1 Finding on Aug 22, 2025: a. The SCU courtyard - Each of the egress gates have two pad locks installed. 2. Based on observation the doors in the special care unit are not being maintained with the proper signage. Delayed egress doors must be equipped with signs which state ' PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS.' Findings on August 22, 2025: a. The main exit door from the SCU into the A/L side of the facility does not have the required 15 second delay sign.	C 024		
C 092	10A NCAC 13F .0306(a)(5) Housekeeping-Free of Hazards 10A NCAC 13F .0306 Housekeeping and Furnishings (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) Notwithstanding the requirements of Rule .0301 of this Section, this Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation the floor in the dining room of the assisted living wing is not being maintained. This could cause harm/tripping hazard to the residents and staff. Findings on August 22, 2025:	C 092		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2025
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 092	Continued From page 2 a. Part of the flooring is missing in front of the door going into the dish washing room from the dining room. b. There are multiple ceramic tiles loose in the dishwashing room. 2. Based on observation the countertops in the special care unit are not being maintained. This could cause physical harm to residents and staff. Findings on August 22, 2025: a. The counter-top in the common restroom on the left side of the corridor is heavily chipped and missing molding.	C 092		
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 located near a water source in a safe manner. Findings on August 22, 2025: a. The receptacle serving the drink station in the kitchen are not GFCI protected. 2. Based on observation the facility is not maintaining the emergency exit lights. Findings on August 22, 2025: a. The emergency light in the service hallway is	C 121		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL065035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2025
NAME OF PROVIDER OR SUPPLIER CEDAR COVE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 JASMINE COVE WAY WILMINGTON, NC 28412		
(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 121	Continued From page 3 not working ..	C 121		
C 131	10A NCC 13F .0311(g)(1-5) Other-Exhaust ventilation 10A NCAC 13F .0311 Other Requirements (g) The spaces listed in this Paragraph shall have an exhaust system per the North Carolina State Building Code. Exhaust vents shall be vented directly to the outdoors: (1) soiled linen storage; (2) soiled utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. This Rule is not met as evidenced by: 1. The facility is not keeping its exhaust fans in operable condition. Findings on August 22, 2025: a. The exhaust fan in room 205 is not working. b. The exhaust fan in in the 200 Hall of the A/L bathrooms are not working. c. The SCU restroom's exhaust fans are not working.	C 131		