**Name of Provider or Supplier:** Universal Health Care/North Raleigh  
**Street Address, City, State, Zip Code:** 5201 Clarks Fork Drive Raleigh, NC 27616

**Summary Statement of Deficiencies: (Each deficiency must be preceded by full regulatory or L3C identifying information):**

- No deficiencies were cited as a result of the complaint investigation Event ID #WXZ311.

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are discardable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are discardable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.