**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER:** SOUTHWOOD NURSING AND REHABILITEE

**ADDRESS:** 180 SOUTHWOOD DRIVE BOX 708
CLINTON, NC 28328

**ID NUMBER:** 345472

**DATE:** 09/05/2012

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**SUMMARY STATEMENT OF DEFICIENCIES**

**(Each deficiency must be preceded by full regulatory or LTC identifying information)**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>No deficiencies were cited as a result of the complaint investigations conducted 9/5/12. Event ID # B9YK11</td>
</tr>
</tbody>
</table>

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**LABORATORY DIRECTOR'S OR PROVIDER'S REPRESENTATIVE'S SIGNATURE**

**DATE**

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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 discloseable 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 discloseable 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.