**Azalea Health & Rehab Center**

**Street Address, City, State, Zip Code**
3800 Independence Blvd
Wilmington, NC 28412

**ID Prefix Tag**

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>ID Prefix Tag</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>Date of Completion</th>
</tr>
</thead>
</table>
| F 000         | **Initial Comments**

No deficiencies were cited as a result of the complaint investigation of 6/25/13. Event ID LO8J11. | F 000 | | |

---

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 patient. (See Instructions.) Except for nursing homes, the findings stated above are deletable 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 deletable 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.