STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34533

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY COMPLETED 08/06/2014

NAME OF PROVIDER OR SUPPLIER
ABOTT'S CREEK CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
877 HILL EVERHART ROAD LEXINGTON, NC 27295

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

ID PREFIX TAG

F 000 INITIAL COMMENTS
No deficiencies were cited as a result of a complaint investigation on 8/6/14 Event ID# MFRE11. Intake NC00099534.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed 08/08/2014

FORM CMS-2567(02-99) Previous Versions Obsolete
Event ID: MFRE11 Facility ID: 923045

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 disclosable 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 disclosable 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.