There were no deficiencies cited as a result of the unannounced complaint investigation of 9/5/14. Event ID # M4W811, Intake NC00099995.

Laboratory Director's or Provider/Supplier Representative's Signature: Electronically Signed 09/19/2014

Title: Description of title

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.