### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/Clinical Laboratory Improvement Amendment (CLIA) Identification Number:** 345380

**Multiple Construction**

<table>
<thead>
<tr>
<th>BUILDING</th>
<th>WING</th>
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<td>A.</td>
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<td>B.</td>
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**Date Survey Completed:** 12/12/2014

**Name of Provider or Supplier:** The Rehab and HC CTR at Village Gr

**Street Address, City, State, Zip Code:**

1601 Purdue Drive

Fayetteville, NC 28304

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### Summary Statement of Deficiencies

**ID**

**PREFIX**

**TAG**

**Initial Comments**

No deficiencies were cited as a result of the complaint investigation completed on 12/12/14. Event ID 84W311

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**Laboratory Director's or Provider/Supplier Representative's Signature**

**Title**

**Date**

12/30/2014

Electronically Signed

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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 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.