## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 345049  
**State:** NC  
**Provider/Supplier Name:** Raleigh Rehabilitation Center  
**Address:** 616 Wade Avenue, Raleigh, NC 27605

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td><a href="#">Description of initial comments text</a></td>
<td><a href="#">Completion date text</a></td>
</tr>
</tbody>
</table>

**Laboratory Director's or Provider/Supplier Representative's Signature:** Electronically Signed  
**Date:** 01/16/2015  
**Title:** [Signature title text]