### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 345185

**Date Survey Completed:** 04/09/2015

**Name of Provider or Supplier:** Premier Living and Rehab Center

**Address:**
- Street Address: 106 Cameron Street
- City: Lake Waccamaw
- State: NC
- Zip Code: 28450

**Deficiency Statement**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td>The facility is in compliance with the requirement of 42CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey) Event ID # P8Q111. There were no deficiencies cited as a result of the complaint investigation survey of 4/9/15, Intake # NC00105408. Event ID# P8Q111.</td>
<td></td>
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</tbody>
</table>

**Laboratory Director's or Provider/Supplier Representative's Signature:** Electronically Signed

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.