**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**A. BUILDING**

**IDENTIFICATION NUMBER:** 345227

**B. WING**

**DATE SURVEY COMPLETED:** C 07/01/2015

**NAME OF PROVIDER OR SUPPLIER:** AVANTE AT REIDSVILLE

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

543 MAPLE AVENUE
REIDSVILLE, NC 27320

**IDENTIFICATION NUMBER:** 345227

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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<th>ID</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
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There were no deficiency cited as a result of complaint investigation on 7/1/15. Event ID # 9EH211 Intake numbers: NC00107950, NC00107316, NC00107758

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

Electronically Signed

07/13/2015

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.