## Statement of Deficiencies and Plan of Correction

- **Provider/Supplier/CLIA Identification Number:** 345252
- **Multiple Construction Wing:**
  - **A. Building:**
  - **B. Wing:**

### Date Survey Completed
03/22/2016

### Summary Statement of Deficiencies

**F 000 Initial Comments**

There were no deficiencies as a result of the Complaint survey of 3/22/16. Event ID#Y0IO11. Complaint Intake #NC00115354 and #NC00115245.

### Provider's Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency.

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

Electronically Signed: 04/05/2016

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.

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**345252**

**Warsaw Health & Rehabilitation Center**

**214 Lanefield Road**

**Warsaw, NC 28398**

**Event ID:** Y0IO11

**Facility ID:** 923122

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