### Statement of Deficiencies and Plan of Correction

**A. Building:**

**NH0352**

**B. Wing:**

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<th>TAG</th>
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**Name of Provider or Supplier:**

THE FOUNTAINS AT THE ALBEMARLE

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

200 TRADE STREET

TARBORO, NC 27886

**Statement of Deficiencies:**

No deficiencies were cited as a result of this complaint investigation Event ID#53U011.

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

Electronically Signed

**Date:**

05/23/16

**State Form:**

5593

53U011

If continuation sheet 1 of 1