### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**
- A. Building: 345350
- B. Wing: 09/12/2016

**Name of Provider or Supplier:**
- Courtland Terrace

**Street Address, City, State, Zip Code:**
- 2300 Aberdeen Boulevard
- Gastonia, NC 28054

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
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</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td>F 000</td>
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</table>

There were no deficiencies cited as a result of the Complaint Investigation. Event 8CD611.

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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.
## Statement of Deficiencies and Plan of Correction

### A. Building: ________________________

#### Provider/Supplier/CLIA Identification Number:

- NH0494

### B. Wing _____________________________

#### Date Survey Completed:

- 09/12/2016

### C. Name of Provider or Supplier

- COURTLAND TERRACE

#### Street Address, City, State, Zip Code

- 2300 ABERDEEN BOULEVARD
- GASTONIA, NC  28054

### Summary Statement of Deficiencies

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<td>Initial Comments</td>
<td></td>
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</tbody>
</table>

- There were no deficiencies cited as a result of the Complaint Investigation according to Adult Care Home rules

### Provider's Plan of Correction

- Each Corrective Action Should Be Cross-referenced to the Appropriate Deficiency

### Date

- 09/12/2016

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

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**Title**

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**Date**

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**State Form** 8CD611

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**If continuation sheet 1 of 1**