### Statement of Deficiencies and Plan of Correction

**State of North Carolina**

**Department of Health and Human Services**

**Centers for Medicare & Medicaid Services**

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

345383

**Multiple Construction**

**A. Building:**

**B. Wing:**

**Date Survey Completed:**

08/01/2017

**Name of Provider or Supplier:**

Scottish Pines Rehabilitation and Nursing Center

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

620 Johns Road, Laurinburg, NC 28352

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<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>F000</td>
<td>INITIAL COMMENTS</td>
<td>F000</td>
<td>No deficiencies were cited as a result of the complaint investigation Event ID FXNO11. Intake NC00128109, NC00127642, NC00130107, NC00130193 and NC00130185 were included in this investigation.</td>
<td></td>
</tr>
</tbody>
</table>

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

Electronically Signed

08/28/2017

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.