## Statement of Deficiencies and Plan of Correction

### Provider/Supplier/CLIA Identification Number:
- 345006

### Site Description:
- **A. Building:**
- **B. Wing:**

### Name of Provider or Supplier:
**Blumenthal Nursing & Rehabilitation Center**

### Address:
**3724 Wireless Drive, Greensboro, NC 27455**

### Date Survey Completed:
02/08/2018

### Summary Statement of Deficiencies:

#### F 000 INITIAL COMMENTS

During the complaint investigation survey Event ID # 9KRM11, there were no citations for the allegations investigated for intakes: NC00135570; NC00135541; NC00135277; and NC00134629.

### Provider's Plan of Correction:

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

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

**Title:**

Electronically Signed

02/13/2018

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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.