## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

### A. BUILDING ____________________________________

#### PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

- **X1** 345342

### B. WING ____________________________

#### STATEMENT OF DEFICIENCIES

- **X2** MULTIPLE CONSTRUCTION

#### DATE SURVEY COMPLETED

- **R 04/17/2018**

### NAME OF PROVIDER OR SUPPLIER

- **BIG ELM RETIREMENT AND NURSING CENTERS**

#### STREET ADDRESS, CITY, STATE, ZIP CODE

- **1285 WEST A STREET KANNAPOLIS, NC 28081**

### PROVIDER'S PLAN OF CORRECTION

- **EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY**

### SUMMARY STATEMENT OF DEFICIENCIES

- **EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION**

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<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<tr>
<td>F 000</td>
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<td><strong>INITIAL COMMENTS</strong></td>
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The in-house follow up has been completed and the facility is back in compliance as of 04/10/2018.

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<td>F 000</td>
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### LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

- **Electronically Signed**

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.