**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

WHITE OAK MANOR - CHARLOTTE

**STREET ADDRESS, CITY, STATE, ZIP CODE**

4009 CRAIG AVENUE
CHARLOTTE, NC 28211

---

### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
</tr>
</tbody>
</table>

---

**INITIAL COMMENTS**

On 2/12/2019, the Division of Health Service Regulation conducted an onsite revisit survey. The facility was in substantial compliance as of 2/6/2019. Event Id# BPFU12.

---

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

Electronically Signed

02/19/2019

---

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

**Provider/Supplier/CLIA Identification Number:** 345238

**Multiple Construction Wing:**

**Date Survey Completed:** 02/12/2019

**Printed:** 02/22/2019

**Form Approved:**

**Name of Provider or Supplier:** WHITE OAK MANOR - CHARLOTTE

**Street Address, City, State, Zip Code:** 4009 CRAIG AVENUE, CHARLOTTE, NC 28211

### Summary Statement of Deficiencies

**Initial Comments:** No deficiencies were cited as a result of the complaint investigation. Event ID # VT8Z11.

---

**Laboratory Director's or Provider/Supplier Representative's Signature:** Electronically Signed 02/19/2019

---

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.