**Statement of Deficiencies and Plan of Correction**

**Name of Provider or Supplier:**
Bethany Woods Nursing and Rehabilitation Center

**Street Address, City, State, Zip Code:**
33426 Old Salisbury Road Box 1250
Albemarle, NC 28002

**Provider/Supplier/CLIA Identification Number:**
345146

**Multiple Construction Wing:**

**Date Survey Completed:**
03/27/2019

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td>No deficiencies were cited as a result of the complaint investigation conducted 3/27/19.</td>
</tr>
</tbody>
</table>

**Provider's Plan of Correction**

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

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

Electronically Signed

04/05/2019

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.