### Statement of Deficiencies and Plan of Correction

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

**Building:**
- A. Building _____________________________

**Wing:**
- B. Wing __________

**Date Survey Completed:**
- 06/05/2019

**Name of Provider or Supplier:**
- Deer Park Health & Rehabilitation

**Street Address, City, State, Zip Code:**
- 306 Deer Park Road, Nebo, NC 28761

#### Provider’s Plan of Correction

<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>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>No deficiencies were cited as result of survey event ID# PZXT11.</td>
<td></td>
</tr>
</tbody>
</table>

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

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.
On June 5, 2019, the Division of Health Service Regulation, Nursing Home Licensure and Certification Section conducted an onsite revisit. The facility was found to be in compliance as of April 15, 2019.