## Statement of Deficiencies and Plan of Correction

**DATE SURVEY COMPLETED**: 07/03/2019

**PRUITT HEALTH-DURHAM**

**STREET ADDRESS, CITY, STATE, ZIP CODE**: 3100 ERWIN ROAD, DURHAM, NC 27705

**PROVIDER'S PLAN OF CORRECTION**

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

### Summary of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
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An onsite revisit with new complaint investigation survey was conducted on 7/3/19 and the facility is back into compliance effective 5/28/19.

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

Electronically Signed

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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.