## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**HunterSVILLE Health & Rehab Center**

**Address:**

13835 Boren Street

HunterSVILLE, NC 28078

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### Summary Statement of Deficiencies

#### Initial Comments

An on-site revisit was conducted on 7/1/19 through 7/2/19 and the facility is back into compliance effective 6/21/19.

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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.
Complaint investigation survey was conducted on 7/1/19 through 7/2/19. Twenty allegations were investigated and all twenty were unsubstantiated.