**Statement of Deficiencies and Plan of Correction**

**Name of Provider or Supplier:**

**Big Elm Retirement and Nursing Centers**

**Street Address, City, State, Zip Code:**

1285 West A Street, Kannapolis, NC 28081

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**Summary Statement of Deficiencies**

**Deficiency:** F 000

**Initial Comments:**

An unannounced complaint investigation was conducted from 7/23/19 through 7/24/19 at the Skilled Nursing Facility (SNF) for intakes #NC000153642 and #NC000153581. There were eight allegations and there were no allegations substantiated. See event ID#IZMJ11 (ACH/ALF) and PCHY11 (SNF).

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

**Title**

**Date**

Electronically Signed

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.