### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>Building</th>
<th>Wing</th>
<th>Provider/Supplier/CLIA Identification Number: 345529</th>
</tr>
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</table>

#### Name of Provider or Supplier

UNIVERSAL HEALTH CARE/NORTH RALEIGH

#### Street Address, City, State, Zip Code

5201 CLARKS FORK DRIVE NW
RALEIGH, NC 27616

### Initial Comments

An onsite revisit and complaint survey was conducted on September 4, 2019 through September 5, 2019 and the facility is back into compliance effective August 7, 2019.

9 of the 9 complaint allegations were not substantiated.

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

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.