### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier

**Highland House Rehabilitation and Healthcare**

- **Address:** 1700 Pamalee Drive, Fayetteville, NC 28301

#### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID Prefix</th>
<th>TAG</th>
<th>Summary Statement of Deficiencies</th>
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<tbody>
<tr>
<td>F 000</td>
<td></td>
<td>Complaint investigation survey was conducted from 09/03/2019 through 09/04/2019. Event ID# 9U6Q11</td>
</tr>
</tbody>
</table>

[X ] __8__ of the __8__ complaint allegations were not substantiated.

#### Provider's Plan of Correction

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

#### Completion Date

- [X ] 09/11/2019

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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.