## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**Deer Park Health & Rehabilitation**

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

306 Deer Park Road

Nebo, NC  28761

### Summary Statement of Deficiencies

**F 000 Initial Comments**

An onsite revisit was conducted on 10/29/19 and the facility is back in compliance effective 09/19/19. Event ID# 0R2U12.

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

**Date**

(Packet 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 discloseable 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 discloseable 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.**

---

**Event ID:**

0R2U12

**Facility ID:**

923334

---

If continuation sheet Page 1 of 1