**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**A. BUILDING ____________________________**

**PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:** 345301  
**DATE SURVEY COMPLETED:** 11/13/2019

**B. WING _____________________________**

**STATEMENT OF DEFICIENCIES**

**323 BALDWIN ROAD**  
**WHITE OAK MANOR - BURLINGTON**  
**BURLINGTON, NC  27217**

**SUMMARY STATEMENT OF DEFICIENCIES**

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<thead>
<tr>
<th>ID</th>
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<td>F 000</td>
<td>INITIAL COMMENTS</td>
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No deficiencies were cited as a result of the complaint investigation survey on 11/13/19. Event ID #RDEH11. Complaint Intake Number NC00156427.

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

Electronically Signed  
11/29/2019

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.