## Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>(X1) Provider/Supplier/CLIA Identification Number:</th>
<th>(X2) Multiple Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>345283</td>
<td>A. Building _____________________________</td>
</tr>
<tr>
<td></td>
<td>B. Wing _____________________________</td>
</tr>
</tbody>
</table>

### Date Survey Completed
- C 12/31/2019

### Name of Provider or Supplier
- Mooresville Center

### Street Address, City, State, Zip Code
- 550 Glenwood Drive
- Mooresville, NC 28115

### Summary Statement of Deficiencies

**F 000 INITIAL COMMENTS**

An unannounced complaint investigation survey was conducted in conjunction with an on site revisit survey. There were a total of 9 allegations and they were all unsubstantiated. Event ID #0FO511.

### Provider’s Plan of Correction

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

### Completions

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td></td>
</tr>
</tbody>
</table>

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

Electronically Signed

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Electronic statements 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.