**ST JOSEPH OF THE PINES HEALTH CENTER**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

103 GOSSMAN DRIVE  
PINEHURST, NC  28374

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<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>On 1/2/2020 through 1/3/2020 an unannounced complaint and follow up survey was conducted. The facility was found to be back in compliance. There was 1 intake with 6 allegations. 4 allegations were unsubstantiated and 2 allegations were substantiated without deficiency. See Event ID #32JF11</td>
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</tbody>
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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

Electronically Signed  
01/07/2020

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.