A. BUILDING ____________________________________

B. WING _______________________________________

NAME OF PROVIDER OR SUPPLIER

ACCORDIUS HEALTH AT ABERDEEN

STREET ADDRESS, CITY, STATE, ZIP CODE

915 PEE DEE ROAD

ABERDEEN, NC  28315

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREFIX</td>
<td>(Each deficiency must be preceded by full regulatory or LSC identifying information)</td>
<td>TAG</td>
<td>(Each corrective action should be cross-referenced to the appropriate deficiency)</td>
<td></td>
</tr>
</tbody>
</table>

(F 000) INITIAL COMMENTS

An onsite revisit was conducted on 3/12/20 and the facility is back into compliance effective 2/14/20.

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 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.