### Statement of Deficiencies and Plan of Correction

**A. Building**

**B. Wing**

**Provider/Supplier/CLIA Identification Number:** 345081

**Name of Provider or Supplier:** Accordius Health at Rose Manor LLC

**Address:** 4230 North Roxboro Street, Durham, NC 27704

**Date of Survey Completed:** 03/24/2020

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A paper follow up was conducted on 3/24/20 and the facility is back into compliance effective 2/10/20 for event ID SEYM13. The onsite follow up was completed on 3/5/20 but the tag was not reviewed, based on the desk review the facility is in compliance effective 2/10/20.

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**Laboratory Director's or Provider/Supplier Representative's Signature**

**Title**

**Date**

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.