### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier

**Summerstone Health and Rehabilitation Center**

**Street Address, City, State, Zip Code**

485 Veterans Way
Kernersville, NC 27284

#### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td></td>
<td></td>
<td>An unannounced complaint investigation was conducted on 3/3/20 through 3/5/20. 1 of 26 allegations was substantiated without deficiency, there were no deficiencies cited as a result of this survey. Event ID#: JWXC11</td>
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</tbody>
</table>

#### Provider's Plan of Correction

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

#### Completion Date

03/09/2020

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.