**Statement of Deficiencies and Plan of Correction**

**Name of Provider or Supplier:** Carolinas Pines at Asheville

**Street Address, City, State, Zip Code:** 91 Victoria Road, Asheville, NC 28801

**Provider Identification Number:** 345174

**Multiple Construction B. Wing:**

**Date Survey Completed:** 06/17/2020

**Summary Statement of Deficiencies**

**Event ID #**: P2L911

An unannounced complaint investigation was conducted on 06/17/20. A total of two allegations were investigated and both were unsubstantiated. Event ID # P2L911.

**Provider's Plan of Correction**

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.

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

**Title**

**Date**

---

If continuation sheet Page 1 of 1