### Statement of Deficiencies and Plan of Correction

#### NAME OF PROVIDER OR SUPPLIER

**Pelican Health Reidsville**

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

543 Maple Avenue, Reidsville, NC 27320

#### Statement of Deficiencies

A complaint investigation was conducted on July 2, 2020. Event ID# ZPUQ11. Intake NC001611501. The one allegation was not substantiated.

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

Electronically Signed

07/06/2020