## Statement of Deficiencies and Plan of Correction

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

34557

**Multiple Construction Wing:**

R

08/21/2020

### Name of Provider or Supplier

Azalea Health & Rehab Center

### Street Address, City, State, Zip Code

3800 Independence Boulevard

Wilmington, NC 28412

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### Summary Statement of Deficiencies

Each deficiency must be preceded by full regulatory or LSC identifying information:

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td>A paper follow-up was conducted on 8/21/20 and the facility is back into compliance effective 8/19/20. Event ID# NWTU12.</td>
</tr>
</tbody>
</table>

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### Provider's Plan of Correction

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

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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.