## Statement of Deficiencies and Plan of Correction

**Form Approved: 11/03/2020**

### Building and Wing

<table>
<thead>
<tr>
<th>Provider/Supplier/CLIA Identification Number:</th>
<th>345513</th>
</tr>
</thead>
</table>

**Statement of Deficiencies**

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

3609 Bond Street, Raleigh, NC 27604

**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>INITIAL COMMENTS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A complaint investigation survey was conducted on 10/08/2020 and 3 of the 3 complaint allegations were not substantiated. Event ID# J8FV11.

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

Electronically Signed

10/15/2020

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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.