**State of North Carolina**

**Department of Health and Human Services**

**Centers for Medicare & Medicaid Services**

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**Statement of Deficiencies and Plan of Correction**

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**Name of Provider or Supplier:**

**Roanoke River Nursing and Rehabilitation Center**

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**Address:**

119 Gatling Street

Williamston, NC 27892

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**Provider's Plan of Correction**

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

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**Summary Statement of Deficiencies**

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

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**Initial Comments**

An onsite revisit and complaint investigation were conducted on 12/17/20. The two allegations were unsubstantiated. The facility is back in compliance effective 11/30/20.

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

Electronically Signed

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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.