## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**Highland House Rehabilitation and Healthcare**

**Address:**

1700 Pamalee Drive
Fayetteville, NC 28301

### Date Survey Completed

R-C 12/18/2020

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### Summary Statement of Deficiencies

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

### Initial Comments

A paper followup was conducted on 12/18/2020 and the facility is back in compliance effective 11/18/2020.

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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.