**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

- **(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:** 345359
- **(X2) MULTIPLE CONSTRUCTION B. WING**
- **(X3) DATE SURVEY COMPLETED:** R-C 01/20/2021

**NAME OF PROVIDER OR SUPPLIER**

ACCORDIUS HEALTH AT CREEKSIDE CARE

**STREET ADDRESS, CITY, STATE, ZIP CODE**

604 STOKES STREET EAST

AHOSKIE, NC 27910

**DATE SURVEY COMPLETED: 01/20/2021**

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**SUMMARY STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000 INITIAL COMMENTS</td>
<td>An onsite follow up was conducted along with a complaint investigation and the facility is back into compliance effect 1/13/21.</td>
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</tbody>
</table>

**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.