### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier

**Prui Health Durham**

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

3100 Erwin Road
Durham, NC  27705

#### Date Survey Completed

01/06/2021

#### Provider/Supplier/CLIA Identification Number

345061

#### Multiple Construction

- A. Building _____________________________
- B. Wing _____________________________

#### Printed: 02/02/2021

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#### Initial Comments

An onsite unannounced complaint investigation was conducted on 01/05/20 through 01/06/20. 9 of the 9 allegations were unsubstantiated. EventID#M8Q811

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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.