### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:**
- **OAK GROVE HEALTH CARE CENTER**

**Street Address, City, State, Zip Code:**
- **518 OLD US HIGHWAY 221 RUTHERFORDTON, NC  28139**

**ID Prefix Tag:**
- E 000

**Summary Statement of Deficiencies:**
- (Each deficiency must be preceded by full regulatory or LSC identifying information)

**Provider's Plan of Correction:**
- (Each corrective action should be cross-referenced to the appropriate deficiency)

**Compliance:**
- The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #PNC011.

**Initial Comments:**
- The survey team entered the facility on 12/15/20 to conduct a Recertification survey. The survey team was onsite 12/15/20 and 12/17/20. Additional information was obtained offsite on 12/16/20, 12/18/20 and 12/21/20. Therefore, the exit date was changed to 12/21/20. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #PNC011.

**Initial Comments:**
- The survey team entered the facility on 12/15/20 to conduct a recertification survey and complaint investigation. The survey team was onsite 12/15/20 and 12/17/20. Additional information was obtained offsite on 12/16/20, 12/18/20 and 12/21/20. Therefore, the exit date was changed to 12/21/20. Event ID# PNC011. 6 of the 6 complaint allegations were not substantiated.

The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).