STATEMENT OF DEFICIENCIES 
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA 
IDENTIFICATION NUMBER:

345126

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____________________________
B. WING _____________________________

(X3) DATE SURVEY 
COMPLETED
R-C
02/15/2021

NAME OF PROVIDER OR SUPPLIER

MOUNT OLIVE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

228 SMITH CHAPEL ROAD
MOUNT OLIVE, NC 28365

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE 
CROSS-REFERENCED TO THE APPROPRIATE 
DEFICIENCY)

(F 000) INITIAL COMMENTS

A paper follow-up was conducted 2/11/2021 to 
2/14/2021 and the facility is back in compliance 
effective 2/2/2021.

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.