**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**
PRUITT HEALTH-SEALEVEL

**STREET ADDRESS, CITY, STATE, ZIP CODE**
468 HIGHWAY 70 EAST
SEALEVEL, NC 28577

**ID**
PREFIX
TAG

**SUMMARY STATEMENT OF DEFICIENCIES**
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

**ID**
PREFIX
TAG

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

**COMPLETION DATE**

<table>
<thead>
<tr>
<th>(E 000)</th>
<th>Initial Comments</th>
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<tbody>
<tr>
<td>{E 000}</td>
<td>A paper follow-up was conducted on 02/22/2021 to 02/23/2021 and the facility is back in compliance effective 02/15/2021.</td>
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<td>{F 000}</td>
<td>A paper follow-up was conducted on 2/22/2021 to 2/23/2021 and the facility is back in compliance effective 2/14/2021.</td>
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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.