#### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:**
**Huntersville Health & Rehab Center**

**Address:**
13835 Boren Street, 28078

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

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
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</tbody>
</table>

An unannounced complaint investigation survey was conducted on 02/11/2021 with exit from the facility on 02/11/21. Additional information was obtained through 02/16/2021. Therefore, the exit date was changed to 02/16/21. Six complaint allegations were investigated and were not substantiated, Event ID# QIT711.

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**Laboratory Director's or Provider/Supplier Representative's Signature**

Electronically Signed: 02/26/2021

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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.