**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

STONECREEK HEALTH AND REHABILITATION

**STREET ADDRESS, CITY, STATE, ZIP CODE**

455 VICTORIA ROAD

ASHEVILLE, NC  28801

**DATE SURVEY COMPLETED**

02/24/2021

**SUMMARY STATEMENT OF DEFICIENCIES**

(Each deficiency must be preceded by full regulatory or LSC identifying information)

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
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An unannounced complaint investigation was conducted on 02/23/2021 with exit from the facility on 02/23/21. Additional information was obtained on 02/24/2021. Therefore, the exit date was changed to 02/24/21. Four complaint allegations were investigated and they were all unsubstantiated. Event ID # UYU311.

**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

Electronically Signed

03/03/2021

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.