**NAME OF PROVIDER OR SUPPLIER**

**NC STATE VETERANS HOME - FAYETTEVILLE**

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

214 COCHRAN AVENUE

FAYETTEVILLE, NC  28301

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**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**ID** 345492

**DATE SURVEY COMPLETED** 02/18/2021

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**SUMMARY STATEMENT OF DEFICIENCIES**

**ID** F 000

**PREFIX** INITIAL COMMENTS

The Survey team entered the facility on 02/16/21 to conduct a complaint investigation. The survey team was onsite 02/16/21 Additional information was obtained offsite on 02/17/21 and 02/18/21. Therefore the exit date was 02/18/21. Event ID # W0YS11.

1 of the 3 complaint allegations was sustantiated but did not result in a deficiency.

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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.

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

**DATE** 03/04/2021

**TITLE** Electronically Signed