**Statement of Deficiencies and Plan of Correction**

<table>
<thead>
<tr>
<th>(X1) Provider/Supplier/CLIA Identification Number:</th>
<th>(X2) Multiple Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>345538</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(X3) Date Survey Completed</th>
</tr>
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<tbody>
<tr>
<td>R-C</td>
</tr>
<tr>
<td>04/01/2021</td>
</tr>
</tbody>
</table>

**Name of Provider or Supplier**

PRUITTHEALTH-RALEIGH

**Street Address, City, State, Zip Code**

2420 LAKE WHEELER ROAD
RALEIGH, NC 27603

<table>
<thead>
<tr>
<th>(X4) ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>(X5) Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
</tr>
</tbody>
</table>

An onsite follow up and complaint investigation survey was conducted 4/1/2021. The facility is in compliance effective 3/15/2021.

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

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.