A. BUILDING ____________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345238

(X2) MULTIPLE CONSTRUCTION B. WING ____________________________

(X3) DATE SURVEY COMPLETED C 03/26/2021

NAME OF PROVIDER OR SUPPLIER WHITE OAK MANOR - CHARLOTTE

STREET ADDRESS, CITY, STATE, ZIP CODE 4009 CRAIG AVENUE CHARLOTTE, NC  28211

(X4) ID PREFIX TAG F 000 INITIAL COMMENTS F 000

The survey team entered the facility on 3/24/2021 to conduct a complaint investigation and exited on 3/24/2021. Additional information was obtain offsite on 3/25/2021 and 3/26/2021. Therefore, the exit date was 3/26/2021. Event ID# ZHHI11. 7 of 7 complaint allegations were not substantiated.

(X5) COMPLETION DATE

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.

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE Electronically Signed 03/31/2021

TITLE

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