### Statement of Deficiencies and Plan of Correction

**NAME OF PROVIDER OR SUPPLIER**  
SURRY COMMUNITY HEALTH AND REHAB CENTER

**ADDRESS**  
542 ALLRED MILL ROAD  
MOUNT AIRY, NC 27030

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
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<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
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<td>An unannounced complaint investigation survey was conducted on 03/31/21 and exited the facility on 03/31/21. Additional information was obtained on 04/01/21. Therefore, the exit date was changed to 04/01/21. Three (3) of three (3) allegations investigated were all unsubstantiated. See Event ID #4M5811.</td>
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**Electronically Signed**  
04/09/2021

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.