### Statement of Deficiencies and Plan of Correction

**A. Building**

**Multiple Construction**

**B. Wing**

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**Provider/Supplier/CLIA Identification Number:** 345238

**Date Survey Completed:** C 05/14/2021

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**Name of Provider or Supplier:**

**White Oak Manor - Charlotte**

**Address:**

4009 Craig Avenue

Charlottesville, NC 28211

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**SUMMARY STATEMENT OF DEFICIENCIES**

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<tr>
<th>ID</th>
<th>PREFIX</th>
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**INITIAL COMMENTS**

The survey team entered the facility on 05/13/21 to conduct an unannounced complaint investigation and exited on 05/13/21. Additional information was obtained offsite on 05/14/21. Therefore, the exit date was changed to 05/14/21. 8 of 8 complaint allegations were not substantiated.

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**Laboratory Director's or Provider/Supplier Representative's Signature:**

Electronically Signed 06/03/2021

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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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**Event ID:** LTOS11

**Facility ID:** 923554