### Statement of Deficiencies and Plan of Correction

**Date Survey Completed:** 05/26/2021

**Name of Provider or Supplier:** Carolina Rehab Center of Burke

**Address:** 3647 Miller Bridge Road, Connelly Spg, NC 28612

---

#### Vertical Table

<table>
<thead>
<tr>
<th>F 000</th>
<th>INITIAL COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The survey team entered the facility on 5/25/2021 to conduct an unannounced complaint investigation. Additional information was obtained offsite on 5/26/2021. Therefore, the exit date was 5/26/2021. 6 of the 6 complaint allegations were unsubstantiated. Event ID# 09QR11</td>
</tr>
</tbody>
</table>

---

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

- Electronically Signed

- **Date:** 06/03/2021

---

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.

---

*Event ID: 09QR11*

*Facility ID: 970078*