### Statement of Deficiencies and Plan of Correction

**Provider or Supplier Identification Number:** 345151

**Multiple Construction:**
- A. Building _____________________________
- B. Wing _____________________________

**Date Survey Completed:** 06/02/2021

**Name of Provider or Supplier:**
- **White Oak Manor - Kings Mountain**
  - **Street Address, City, State, Zip Code:**
    - 716 Sipes Street, Kings Mountain, NC 28086

**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td>An unannounced complaint investigation was conducted on 06/02/21. There were 3 allegations investigated and they were unsubstantiated. Event ID# UHTD11.</td>
</tr>
</tbody>
</table>

**Laboratory Director’s or Provider/Supplier Representative’s Signature:**
- Electronically Signed 06/21/2021

**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.**