### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>(X1) Provider/Supplier/CLIA Identification Number:</th>
<th>(X2) Multiple Construction</th>
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<td>345520</td>
<td>R-C</td>
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#### Name of Provider or Supplier

**Pelican Health Thomasville**

**Address:**

1028 Blair Street

Thomasville, NC 27360

#### Statement of Deficiencies

An onsite revisit was conducted on 06/23/21 and the facility is back into compliance effective 05/18/21.

#### Provider's Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency.

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

Electronically Signed

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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.