### Statement of Deficiencies and Plan of Correction

**Carolina Pines at Greensboro, LLC**

#### Summary Statement of Deficiencies

- **Event ID:** 7HHQ11

The survey team entered the facility on 6/7/21 to conduct an unannounced complaint investigation and follow-up survey. Additional information was obtained offsite 6/8/21 and 6/9/21. Therefore, the exit date was 6/9/21. 4 of the 4 complaint allegations were unsubstantiated. Event ID # 7HHQ11

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

- **Electronically Signed:** 06/25/2021

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**Notes:**

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.