### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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

345155

#### NAME OF PROVIDER OR SUPPLIER

ALPINE HEALTH AND REHABILITATION OF ASHEBORO

#### STREET ADDRESS, CITY, STATE, ZIP CODE

230 EAST PRESNELL STREET

ASHEBORO, NC 27203

#### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td>F 000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An unannounced complaint investigation was conducted on Friday 6/18/21 and Saturday 6/19/21. Two of the 8 allegations were substantiated without a deficiency and 6 allegations were unsubstantiated. Event ID# QU5111.

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.