### Statement of Deficiencies and Plan of Correction

**NAME OF PROVIDER OR SUPPLIER**

**PELICAN HEALTH AT CHARLOTTE**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

2616 EAST 5TH STREET

CHARLOTTE, NC  28204

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
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<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>An onsite complaint investigation was conducted on 06/30/21. Additional information was obtained offsite through 07/02/21. Therefore, the exit date was changed to 07/02/21. One of 4 allegations was substantiated without citation. Event ID LSOH11.</td>
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**Laboratory Director's or Provider/Supplier Representative's Signature**

Electronically Signed

07/21/2021

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.