### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 345296

**Multiple Construction B. Wing:**

**Name of Provider or Supplier:** Margate Health and Rehab Center

**Street Address, City, State, Zip Code:** 540 Waugh Street, Jefferson, NC 28640

**Date Survey Completed:** 07/15/2021

#### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>E 000</td>
<td>An unannounced Recertification and Complaint Investigation survey was conducted on 07/15/21 through 07/15/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #DXG711.</td>
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<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>A recertification and complaint survey was conducted from 07/12/21 through 07/15/21. The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). Six (6) of the six (6) complaints allegations were unsubstantiated. Event ID #DXG711.</td>
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</table>

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

**Title:**

**Date:** 07/22/2021

Electronic Signature

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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.