**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**A. BUILDING **

**B. WING **

**NAME OF PROVIDER OR SUPPLIER**

PEMBROKE CENTER

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

310 E WARDELL DRIVE
PEMBROKE, NC  28372

**ID PREFIX TAG**

<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>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>An unannounced complaint investigation was conducted in conjunction with a follow up survey on 08/23/21 through 08/26/21. Event ID# C8DR11. 3 of 8 allegations were substantiated without deficiency.</td>
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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

**TITLE**

Electronically Signed

08/30/2021

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.