# Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 345172  
**Date Survey Completed:** 08/16/2021

**Name of Provider or Supplier:** Meridian Center  
**Street Address, City, State, Zip Code:** 707 North Elm Street, High Point, NC 27262

<table>
<thead>
<tr>
<th>(X4) ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>(X5) Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>The survey team entered the facility on 8/11/21 to conduct an unannounced complaint investigation. Additional information was obtained offsite on 8/12/21 and 8/13/21. Therefore, the exit date was 8/16/21. Event ID # BB2E11. 1 of the 3 complaint allegations were substantiated but did not result in deficiency.</td>
<td></td>
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</tbody>
</table>

**Laboratory Director's or Provider/Supplier Representative's Signature:**  
**Title:**  
**Date:** Electronically Signed 10/20/2021

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.