**Statement of Deficiencies and Plan of Correction**

**Name of Provider or Supplier:** Universal Health Care Lillington  
**Street Address, City, State, Zip Code:** 1995 East Cornelius Harnett Boulevard, Lillington, NC 27546

**Provider/Supplier/CLIA Identification Number:** 345213  
**Multiple Construction Wing:**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>Provider's Plan of Correction</th>
<th>Completion Date</th>
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</thead>
</table>
| F 000 | INITIAL COMMENTS | F 000 | A complaint investigation survey was conducted on 9/27/21 through 9/28/21. Event ID# GVVV11  
12 of the 12 complaint allegations were not substantiated. | | |

**Laboratory Director's or Provider/Supplier Representative's Signature:** Electronically Signed  
**Date:** 10/14/2021

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.