### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 345509  

**State Name of Provider or Supplier:** Accordius Health at Aberdeen  

**Address:** 915 Pee Dee Road, Aberdeen, NC 28315  

**Survey Date Completed:** 11/30/2021  

#### Summary Statement of Deficiencies

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<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Initial Comments</th>
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<td>F 000</td>
<td>INITIAL COMMENTS</td>
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An onsite follow up visit was conducted 11/29/2021 through 11/30/2021 and the facility is back into compliance effective 10/26/2021.

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

**Title:**  

**Date:**  

**COMPLETION DATE**

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**Electronically Signed**

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.