### Statement of Deficiencies and Plan of Correction

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

345331

**Date Survey Completed:**

12/29/2021

**Name of Provider or Supplier:**

SARDIS OAKS

**Street Address, City, State, Zip Code:**

5151 SARDIS ROAD

CHARLOTTE, NC 28270

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<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td></td>
<td></td>
<td>An unannounced complaint investigation survey was conducted on 12/29/21. Event ID #86LW11 1 of the 1 complaint allegation was not substantiated.</td>
</tr>
</tbody>
</table>

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

Electronically Signed

01/18/2022

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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 patient. (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.