### Statement of Deficiencies and Plan of Correction

**Provider/SupPLIER/CLIA Identification Number:**

- **State:** 345268

**Multiple Construction B. Wing**

- **Address:** 311 W Phifer Street
- **City:** Marshville
- **State:** NC
- **Zip Code:** 28103

**Date Survey Completed:**

- **Event ID:** TK3Y11
- **Facility ID:** 922952

**Summary Statement of Deficiencies**

- **ID Prefix:** F
- **Tag:** 000

**Initial Comments**

> A complaint investigation was conducted in conjunction with an onsite follow-up 1/18/22 through 1/19/22. Event ID# TK3Y11.

> 1 of the 1 complaint allegations was not substantiated.

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

- **Signature:** Electronically Signed
- **Title:** 01/27/2022

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.