## Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** Surry Community Health and Rehab Center  
**Street Address, City, State, Zip Code:** 542 Allred Mill Road, Mount Airy, NC 27030

### 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 unannounced complaint investigation was conducted on 01/31/22. 13 of the 13 complaint allegations were unsubstantiated. Event ID # PYOL11.

### Provider's Plan of Correction

- Each corrective action should be cross-referenced to the appropriate deficiency.

**Laboratory Director's or Provider/Supplier Representative's Signature:** Electronically Signed  
**Date:** 02/16/2022

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.

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**Event ID:** PYOL11  
**Facility ID:** 953479  
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