### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier

**PruitHealth-Town Center**

#### Street Address, City, State, Zip Code

6300 Roberta Road
Harrisburg, NC 28075

#### Identity Number

345515

#### Date Survey Completed

03/02/2022

#### Summary Statement of Deficiencies

**F 000 Initial Comments**

An unannounced on-site complaint investigation was conducted from 03/01/2022 through 03/02/2022, 26 of 26 allegations were unsubstantiated. Event ID # KH0K11.

#### Provider's Plan of Correction

Provider's plan of correction (each corrective action should be cross-referenced to the appropriate deficiency)

#### Completion Date

03/07/2022

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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 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.