A. BUILDING ________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES

Provider/Supplier/CLIA Identification Number: 345134

MULTIPLE CONSTRUCTION B. WING _____________________________

DATE SURVEY COMPLETED

R-C 03/31/2022

STATEMENT OF DEFICIENCIES

Name of Provider or Supplier

PELICAN HEALTH RANDOLPH LLC

Street Address, City, State, Zip Code

4801 RANDOLPH ROAD

CHARLOTTE, NC 28211

ID

PREFIX

TAG

F 000

INITIAL COMMENTS

An onsite revisit was conducted on 03/29/2022 through 03/31/2022 and the facility is back into compliance effective 02/24/2022. Event ID# P74113.

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE

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.