### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 345213

**Date Survey Completed:** 03/31/2022

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

**Date:** 04/06/2022

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**Name of Provider or Supplier:** Universal Health Care Lillington

**Address:** 1995 East Cornelius Harnett Boulevard, Lillington, NC 27546

### Summary Statement of Deficiencies

**Event ID:** NCKM11

A complaint investigation was conducted 3/30/2022 through 3/31/2022. Event ID # NCKM11.

1 of the 1 complaint allegation was not substantiated.

Intake #: NC00187172.

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**Provider's Plan of Correction**

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

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**Initial Comments:**

A complaint investigation was conducted 3/30/2022 through 3/31/2022. Event ID # NCKM11.

1 of the 1 complaint allegation was not substantiated.

Intake #: NC00187172.

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**Note:** 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.