STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING ____________________________

B. WING ____________________________

DATE SURVEY COMPLETED

R-C

04/28/2022

NAME OF PROVIDER OR SUPPLIER

ACCORDIUS HEALTH AT ROSE MANOR LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

4230 NORTH ROXBORO STREET

DURHAM, NC 27704

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

F 000 INITIAL COMMENTS

An onsite revisit was conducted on 04/28/2022 and the facility is back in compliance effective 03/31/2022.

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.