PRINTED: 03/21/2025 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  SILVER BLUFF INC  100 SILVER BLUFF DRIVE CANTON, NC 28716  SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG  PREFIX TAG	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NH0458  B. WING						С	
SILVER BLUFF INC  100 SILVER BLUFF DRIVE CANTON, NC 28716  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  L 000  INITIAL COMMENTS  A complaint investigation survey was conducted on 03/11/25. Additional information was obtained offsite on 03/12/25. Therefore, the exit date was changed to 03/12/25. Event ID# 3Y6E11. The following intakes were investigated: NC00227388, NC00227707, NC00227838 and NC00227872.  7 of the 7 complaint allegations did not result in			NH0458	B. WING		1	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

**Electronically Signed** 

03/13/25