

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>NH0319</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>07/14/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>THE CITADEL AT MYERS PARK, LLC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 PROVIDENCE ROAD , CHARLOTTE, North Carolina, 28207</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
L0000	INITIAL COMMENTS  A paper follow up was conducted on 07/14/25. State license tag L031 has been corrected, and the facility is back into compliance effective 06/12/25. Event ID: LRDP-H2.		L0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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