(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: NH0471 NAME OF PROVIDER OR SUPPLIER Big Elm Retirement and Nursing Centers		4	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2025	
		STREET ADDRESS, CITY, STATE, ZIP CODE 1285 West A Street , Kannapolis, North Carolina, 28081			
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) COMPLETIC DATE		COMPLETION
INITIAL COMMENTS		L0000			
from 8/25/28 through 8/28/25 following intake was investigated	5 Event ID# 1D6BB7-H1. The ated 859004, 858998 and				
	PLAN OF CORRECTIONS OF PROVIDER OR SUPPLIER Retirement and Nursing Cent SUMMARY STATEME (EACH DEFICIENCY MUS REGULATORY OR LSC ID INITIAL COMMENTS An onsite complaint investigation 8/25/28 through 8/28/25 following intake was investigations and supplies the supplies of the 5 complaint.	DENTIFICATION NUMBER: NH0471 DEPTAN OF CORRECTIONS DENTIFICATION NUMBER: NH0471 DEPTAN OF CORRECTIONS DENTIFICATION NUMBER: NH0471 DESTA PROVIDER OR SUPPLIER Retirement and Nursing Centers SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An onsite complaint investigation survey was conducted from 8/25/28 through 8/28/25 Event ID# 1D6BB7-H1. The following intake was investigated 859004, 858998 and 859000. 5 of the 5 complaint allegations did not result	PLAN OF CORRECTIONS IDENTIFICATION NOMBER. NH0471 PF PROVIDER OR SUPPLIER Retirement and Nursing Centers ST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS L0000 An onsite complaint investigation survey was conducted from 8/25/28 through 8/28/25 Event ID# 1D6BB7-H1. The following intake was investigated 859004, 858998 and 859000. 5 of the 5 complaint allegations did not result	IDENTIFICATION NUMBER: NH0471 IDENTIFICATION NUMBER: NH0471 A. BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP COL 1285 West A Street , Kannapolis, North Ca SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS ID PROVIDER'S PLAN OF COL (EACH CORRECTIVE ACTION CROSS-REFERENCED APPROPRIATE DEFIC INITIAL COMMENTS L0000 An onsite complaint investigation survey was conducted from 8/25/28 through 8/28/25 Event ID# 1D6BB7-H1. The following intake was investigated 859004, 858998 and 859000. 5 of the 5 complaint allegations did not result	DENTIFICATION NUMBER: NH0471 A. BUILDING B. WING F PROVIDER OR SUPPLIER Retirement and Nursing Centers STREET ADDRESS, CITY, STATE, ZIP CODE 1285 West A Street , Kannapolis, North Carolina, 28081 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS L0000 An onsite complaint investigation survey was conducted from 8/25/28 through 8/28/25 Event ID# 1D6BB7-H1. The following intake was investigated 859004, 858998 and 859000. 5 of the 5 complaint allegations did not result

STATE FORM Event ID: 1D6BB7-H1 Facility ID: 922972 If continuation sheet Page 1 of 1

TITLE

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