

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH0471		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/28/2025	
NAME OF PROVIDER OR SUPPLIER Big Elm Retirement and Nursing Centers				STREET ADDRESS, CITY, STATE, ZIP CODE 1285 West A Street , Kannapolis, North Carolina, 28081			
(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 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 in a deficiency.		L0000				

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