| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | HAL011005 | A. BUILDING: **01**<br>B. WING _____ | R<br>**06/16/2025** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **FLESHER'S FAIRVIEW REST HOME** | **3016 CANE CREEK ROAD FAIRVIEW, NC 28730** |

| (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) COMPLETE DATE |
|---|---|---|---|---|
| {C 000} | Initial Comments<br><br>Report by Suzanna Fay of a Follow Up Construction Survey by Documentation on June 16, 2025.<br><br>Based on documentation received by this office on June 9, 2025, all previously cited deficiencies have been corrected and no further action is required at this time. | {C 000} | | |