

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL076005</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____                                                |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>04/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TERRABELLA ASHEBORO</b> |                                                                                                                                                                                                   |                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2925 ZOO PARKWAY</b><br><b>ASHEBORO, NC 27204</b>                            |                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                      | ID<br>PREFIX<br>TAG                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                    |
| {C 000}                                                        | Initial Comments<br><br>Report of a Biennial Construction Follow Up<br>Survey by Tod Hancock conducted on April 15,<br>2025.<br>Deficiencies have been corrected. No further<br>action is needed. | {C 000}                                                                       |                                                                                                                          |                          |                                                                    |

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

TITLE

(X6) DATE