

North Carolina State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026
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NAME OF PROVIDER OR SUPPLIER Stanley Total Living Center	STREET ADDRESS, CITY, STATE, ZIP CODE 514 Old Mount Holly Road , Stanley, North Carolina, 28164
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(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
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L0000	<p>INITIAL COMMENTS</p> <p>A complaint investigation survey was conducted from 1/05/26 through 1/08/26. Event ID# 1E0B82-H1. The following intake was investigated #2663549. 1 of 1 allegation investigated did not result in deficiency.</p>	L0000		
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Office of Primary Care and Health Systems Management

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