STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
70 SWEETEN CREEK ROAD
THE LAURELS OF GREENTREE RIDGE
70 SWEETEN CREEK ROAD
ASHEVILLE, NC 28803

A. BUILDING _____________________________
B. WING _____________________________

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED
12/30/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Name of Provider or Supplier

THE LAURELS OF GREENTREE RIDGE

X4 ID PREFIX TAG

X4 ID PREFIX TAG

F 000 INITIAL COMMENTS

No deficiencies were cited as a result of the complaint investigation Event ID # SQR211.

X5 COMPLETION DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.