## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 345322

**MULTIPLE CONSTRUCTION B. WING**

### Name of Provider or Supplier

**The Laurels of Hendersonville**

**Street Address, City, State, Zip Code:** 290 Clear Creek Road, Hendersonville, NC 28792

### Summary Statement of Deficiencies

**Initial Comments:**

There were no deficiencies as a result of a complaint investigation completed 08/03/17. Event ID 9K5O11.

### Provider's Plan of Correction

**F 000 Initial Comments**

F 000

**Electronically Signed**

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.