### Statements of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>Statement of Deficiencies and Plan of Correction</th>
<th>(X1) Provider/Supplier/CLIA Identification Number: 345153</th>
<th>(X2) Multiple Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Building ________________________</td>
<td>B. Wing ____________________________</td>
<td>(X3) Date Survey Completed</td>
</tr>
</tbody>
</table>

#### Name of Provider or Supplier

**Trinity Oaks**

#### Street Address, City, State, Zip Code

820 Klumac Road

Salisbury, NC 28144

#### Summary Statement of Deficiencies

**Initial Comments**

The in-house follow-up has been completed and the facility is back in compliance effective 9/27/18.

#### Lab Director's or Provider/Supplier Representative's Signature

**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.