STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345438

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____________________________

B. WING _____________________________

(X3) DATE SURVEY COMPLETED

R-C 07/15/2019

NAME OF PROVIDER OR SUPPLIER

THE LAURELS OF SUMMIT RIDGE

STREET ADDRESS, CITY, STATE, ZIP CODE

100 RICEVILLE ROAD

ASHEVILLE, NC 28805

(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

(F 000) INITIAL COMMENTS

An on-site revisit was conducted July 15, 2019 and the facility is back into compliance effective June 24, 2019.

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

Electronically Signed

07/25/2019

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.

FORM CMS-2567(02-99) Previous Versions Obsolete
Event ID: NGN013
Facility ID: 923279
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**NAME OF PROVIDER OR SUPPLIER**

**THE LAURELS OF SUMMIT RIDGE**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

100 RICEVILLE ROAD

ASHEVILLE, NC  28805

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**SUMMARY STATEMENT OF DEFICIENCIES**

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**PROVIDER'S PLAN OF CORRECTION**

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

**COMPLETION DATE**

**INITIAL COMMENTS**

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**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

**TITLE**

Electronically Signed

07/25/2019