A. BUILDING ________________________

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER: 345421

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ________________________
B. WING _____________________________

(X3) DATE SURVEY COMPLETED
C. 06/16/2020

NAME OF PROVIDER OR SUPPLIER
THE LAURELS OF CHATHAM
72 CHATHAM BUSINESS PARK
PITTSBORO, NC 27312

STREET ADDRESS, CITY, STATE, ZIP CODE

FORM CMS-2567(02-99) Previous Versions Obsolete
Event ID: 6G8V11
Facility ID: 923099
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 06/19/2020

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.