DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  
345161

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

(X3) DATE SURVEY COMPLETED  
11/23/2020

NAME OF PROVIDER OR SUPPLIER  
ABERNETHY LAURELS

STREET ADDRESS, CITY, STATE, ZIP CODE  
102 LEONARD AVENUE  
NEWTON, NC  28658

PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td></td>
<td></td>
<td>An unannounced onsite COVID-19 Focused Survey was conducted on 11/23/20. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID #EQIJ11.</td>
<td>E 000</td>
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<tr>
<td>F 000</td>
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<td>An unannounced onsite COVID-19 Focused Infection Control Survey was conducted on 11/23/20. The facility was found in compliance with 42CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# EQJI11.</td>
<td>F 000</td>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed  
12/08/2020

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.