STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345502

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

(X3) DATE SURVEY COMPLETED 01/14/2021

STATEMENT OF DEFICIENCIES

NAME OF PROVIDER OR SUPPLIER
LAKE PARK NURSING AND REHABILITATION CENTER
STREET ADDRESS, CITY, STATE, ZIP CODE
3315 FAITH CHURCH ROAD
INDIAN TRAIL, NC  28079

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>E 000</td>
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</table>
An unannounced COVID-19 Focused Infection Control Survey and Complaint Investigation were conducted on 01/07/2021, with exit from the facility on 01/07/2021. Additional information was gathered through 01/14/2021. Therefore, the exit date was changed to 01/14/2021. 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 #DTPQ11.

| F 000 | INITIAL COMMENTS | F 000 |
An unannounced COVID-19 Focused Infection Control Survey and Complaint Investigation were conducted on 01/07/2021, with exit from the facility on 01/07/2021. Additional information was gathered through 01/14/2021. Therefore, the exit date was changed to 01/14/2021. The facility was found in compliance with 42 CFR §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. There were seven (7) complaint allegations investigated; which were not substantiated. Event ID# DTPQ11.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed
01/28/2021

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.