### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**A. BUILDING ____________________________**

**B. WING __________________________***

**NAME OF PROVIDER OR SUPPLIER**

**ARBOR ACRES UNITED METHODIST RETIREMENT COMMUNITY**

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

1250 ARBOR ROAD

WINSTON SALEM, NC  27104

**FORM APPROVED**

02/25/2021

<table>
<thead>
<tr>
<th>(X4) ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(F 000) INITIAL COMMENTS</td>
<td>(F 000) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
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- **An onsite revisit was conducted on 2/25/2021 the facility is back into compliance effective 2/19/2021.**

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

**TITLE**

**DATE**

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**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.**