## Statement of Deficiencies and Plan of Correction

### Statement of Deficiencies

An unannounced onsite complaint investigation was conducted 4/6/21 with exit from the facility on 4/6/21. Additional information was obtained through 4/7/21. Therefore the exit date was changed to 4/7/21. There was one allegation which was unsubstantiated. Event ID #YS7L11.

### Provider’s Plan of Correction

Each corrective action should be cross-referenced to the appropriate deficiency.

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Initial Comments</th>
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<tbody>
<tr>
<td>F 000</td>
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