**Statement of Deficiencies and Plan of Correction**

**State of Deficiencies**

- **Provider/Supplier/CLIA Identification Number:** 345428

**Multiple Construction B. Wing**

- **Name of Provider or Supplier:** The Laurels of Salisbury
- **Street Address, City, State, Zip Code:** 215 Lash Drive, Salisbury, NC 28147

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>Summary Statement of Deficiencies</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>Provider's Plan of Correction</th>
<th>(X5) Completion Date</th>
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</thead>
<tbody>
<tr>
<td>(F 000)</td>
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<td>An onsite revisit was conducted in conjunction with a complaint investigation on 5/17/21 and 5/18/21. The facility was placed back into compliance 4/7/21. Please see event ID # G32E12.</td>
<td>(F 000)</td>
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**Laboratory Director's or Provider/Supplier Representative's Signature**

- **Title:**

**Electronically Signed**

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.