A. BUILDING ____________________________  PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345303

DATE SURVEY COMPLETED  06/10/2021

NAME OF PROVIDER OR SUPPLIER
THE LAURELS OF GREEN TREE RIDGE

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
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<td>E 000</td>
<td>Initial Comments</td>
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<td>F 000</td>
<td>INITIAL COMMENTS</td>
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An unannounced Recertification survey was conducted on June 7, 2021 through June 10, 2021. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID NCIG11.

An unannounced Recertification and Complaint Investigation survey was conducted on June 7, 2021 through June 10, 2021. There were 17 allegations investigated and they were all unsubstantiated. Event ID # NCIG11.

The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed 07/06/2021

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.