A. BUILDING ____________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345389

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED

R-C

09/23/2021

NAME OF PROVIDER OR SUPPLIER

THE LAURELS OF FOREST GLENN

STREET ADDRESS, CITY, STATE, ZIP CODE

1101 HARTWELL STREET

GARNER, NC  27529

(X4) ID PREFIX

TAG

F 000 INITIAL COMMENTS

F 000

An unannounced complaint and revisit survey was conducted on 9/23/2021.

The facility was back in compliance as of 9/1/21 for tags F624, F677, F684, F686 and F842. Event #C68P12.

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE

Electronically Signed

TITILE

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.