**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>(X2) MULTIPLE CONSTRUCTION A. BUILDING ____________________________</th>
<th>(X3) DATE SURVEY COMPLETED 10/07/2021</th>
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**NAME OF PROVIDER OR SUPPLIER**

FRIENDS HOMES AT GUILFORD

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

925 NEW GARDEN ROAD
GREENSBORO, NC 27410

**SUMMARY STATEMENT OF DEFICIENCIES**

(each deficiency must be preceded by full regulatory or LSC identifying information)

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<td>Initial Comments</td>
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<td>INITIAL COMMENTS</td>
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An unannounced Recertification survey was conducted on 10/5/2021 through 10/7/2021. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 6FPP11

The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). Event ID # 6FPP11

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

Electronically Signed 10/18/2021

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.