A. BUILDING _____________________________

B. WING _____________________________

NAME OF PROVIDER OR SUPPLIER

GLENFLORA

STREET ADDRESS, CITY, STATE, ZIP CODE

5701 FAYETTEVILLE ROAD
LUMBERTON, NC 28360

<table>
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<tr>
<th>ID</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
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<td>INITIAL COMMENTS</td>
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A desk review was completed on 06/01/22 and the facility is back into compliance effective 05/10/22. Event ID # 9S6V12.

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.