A. BUILDING

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345428

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____________________________

B. WING _____________________________

(X3) DATE SURVEY COMPLETED

R
05/31/2022

NAME OF PROVIDER OR SUPPLIER

THE LAURELS OF SALISBURY

STREET ADDRESS, CITY, STATE, ZIP CODE

215 LASH DRIVE
SALISBURY, NC 28147

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X4) ID PREFIX TAG

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG

COMPLETION DATE

(F 000) INITIAL COMMENTS

An onsite revisit was conducted on 5/31/2022 and the facility is back into compliance effective 4/7/2022.

(F 000)

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

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.