PRINTED: 12/23/2024 FORM APPROVED

Division of Health Service Regulation

| PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|---|-----------------------|--|--|---|-------------------------------|----------|--|
| NAME OF PROVIDER OR SUPPLIER THE GARDENS OF TAYLOR GLEN RET COM (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 3700 TAYLOR GLEN LANE CONCORD, NC 28027 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETED TO THE APPROPRIATE DEFICIENCY) | | | | R WING | | 1 | | |
| THE GARDENS OF TAYLOR GLEN RET COM 3700 TAYLOR GLEN LANE CONCORD, NC 28027 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 3700 TAYLOR GLEN LANE CONCORD, NC 28027 ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | | | | 12/20/2024 | \dashv | |
| THE GARDENS OF TAYLOR GLEN RET COM CONCORD, NC 28027 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPL CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | | | | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPL DATE DEFICIENCY) (X5) COMPL DATE DATE DATE OF THE APPROPRIATE DEFICIENCY) | I THE GARDENS OF TAYLOR GLEN RET COM | | | | | | | |
| {L 000} INITIAL COMMENTS {L 000} | PREFIX | (EACH DEFICIENC | CIENCY MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP | BE COMPLETE | <u> </u> | |
| | {L 000} |) INITIAL COMMENTS | ENTS | {L 000} | | | | |
| A paper follow-up was conducted on 12/20/24 and the facility is back into compliance effective 11/8/24. | | A paper follow-up was | ip was conducted on 12/20/24 | | | | | |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE