DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/05/2020 FORM APPROVED OMB NO. 0938-0391

| OF DEFICIENCIES F CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--|---|---|--|
| | 345549 | B. WING _ | | | 06/04/2020 | |
| NAME OF PROVIDER OR SUPPLIER UNIVERSAL HEALTH CARE / BRUNSWICK | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422 | | | |
| SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | ((EACH CORRECTIVE ACTION | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | |
| Initial Comments | | EC | 000 | | | |
| A COVID-19 Focused Emergency Preparedness Survey was conducted on 06/04/20. The facility was found to be in compliance with 42 CFR 483.73 related to E0024 (b)(6). F 000 INITIAL COMMENTS | | | | | | |
| A COVID-19 Focuse was conducted on 06 found to be in compli infection control regulthe CMS and Centers Prevention (CDC) recommendation | d Infection Control survey 6/04/20. The facility was ance with 42 CFR 483.80 lation and has implemented is for Disease Control and commened practice to | FC | | | | |
| | SUMMARY ST (EACH DEFICIENC REGULATORY OR Initial Comments A COVID-19 Focuse Survey was conducte was found to be in co 483.73 related to E00 INITIAL COMMENTS A COVID-19 Focuse was conducted on 06 found to be in compli | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted on 06/04/20. The facility was found to be in compliance with 42 CFR | A. BUILDIN 345549 ROVIDER OR SUPPLIER AL HEALTH CARE / BRUNSWICK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted on 06/04/20. The facility was found to be in compliance with 42 CFR 483.73 related to E0024 (b)(6). INITIAL COMMENTS A COVID-19 Focused Infection Control survey was conducted on 06/04/20. The facility was found to be in compliance with 42 CFR 483.80 infection control regulation and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommened practice to | ROVIDER OR SUPPLIER AL HEALTH CARE / BRUNSWICK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted on 06/04/20. The facility was found to be in compliance with 42 CFR 483.73 related to E0024 (b)(6). INITIAL COMMENTS A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP COD 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422 D PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION) TAG CROSS-REFERENCED TO THE DEFICIENCY) E 000 A COVID-19 Focused Emergency Preparedness Survey was conducted on 06/04/20. The facility was found to be in compliance with 42 CFR 483.73 related to E0024 (b)(6). INITIAL COMMENTS F 000 A COVID-19 Focused Infection Control survey was conducted on 06/04/20. The facility was found to be in compliance with 42 CFR 483.80 infection control regulation and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommened practice to | A BUILDING 345549 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1070 OLD OCEAN HIGHWAY BOLIVIA, NC 28422 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted on 06/04/20. The facility was found to be in compliance with 42 CFR 483.73 related to E0024 (b)(6). INITIAL COMMENTS A COVID-19 Focused Infection Control survey was conducted on 06/04/20. The facility was found to be in compliance with 42 CFR 483.80 infection control regulation and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommened practice to | |

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.

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

TITLE

(X6) DATE