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

PRINTED: 06/15/2020 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	
	345124	B. WING _			06/11/2020	
NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-ELKIN			STREET ADDRESS, CITY, STATE, ZIP CODE  560 JOHNSON RIDGE ROAD  ELKIN, NC 28621			
SUMMARY STATEMENT OF DEFICIENCIES ( (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETIO DATE		
Initial Comments		EC	000			
was conducted on 6/ The facility was foun §483.73 related to E Subpart-B-Requirem	/10/2020 through 6/11/2020. d in compliance with 42 CFR -0024 (b)(6), lents for Long Term Care					
00 INITIAL COMMENTS		FC	000			
Control Survey was a through 6/11/2020. To compliance with 42 (regulations and has Centers for Disease (CDC) recommended	conducted on 6/10/2020 The facility was found in CFR §483.80 infection control implemented the CMS and Control and Prevention d practices to prepare for					
	SUMMARY S' (EACH DEFICIENC REGULATORY OR  Initial Comments  An unannounced CO was conducted on 6/ The facility was foun §483.73 related to E Subpart-B-Requirem Facilities. Event ID# INITIAL COMMENTS  An unannounced CO Control Survey was of through 6/11/2020. T compliance with 42 O regulations and has Centers for Disease (CDC) recommended	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 6/10/2020 through 6/11/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# ZK4Y11	A. BUILDIN  345124  B. WING_  ROVIDER OR SUPPLIER  EALTH-ELKIN  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 6/10/2020 through 6/11/2020.  The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6),  Subpart-B-Requirements for Long Term Care Facilities. Event ID# ZK4Y11  INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 6/10/2020 through 6/11/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for	A. BUILDING  345124  B. WING  STREET ADDRESS, CITY, STATE, ZIP CO 560 JOHNSON RIDGE ROAD ELKIN, NC 28621  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  An unannounced COVID-19 Focused Survey was conducted on 6/10/2020 through 6/11/2020. The facility was found in compliance with 42 CFR \$483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# ZK4Y11 INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 6/10/2020 through 6/11/2020. The facility was found in compliance with 42 CFR \$483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for	A BUILDING  345124  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  560 JOHNSON RIDGE ROAD  ELKIN, NC 28621  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 6/10/2020 through 6/11/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# ZK4Y11 INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 6/10/2020 through 6/11/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for	

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

TITLE (X6) DATE

## **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.