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

PRINTED: 06/22/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		345175	B. WING		05/21/2020
NAME OF PROVIDER OR SUPPLIER SMITHFIELD MANOR NURSING AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 902 BERKSHIRE ROAD SMITHFIELD, NC 27577	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
E 000	Initial Comments		E 000		
F 000	A COVID-19 Focused Emergency Preparedness Survey was conducted on 05/21/20. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024(b)(6). INITIAL COMMENTS		F 000		
	A COVID-19 Focuse was conducted on 05 found to be in complication control regulation Control C	d Infection Control Survey //21/20. The facility was ance with 42 CFR 483.80 lations and has implemented is for Disease Control and commended practices to 9.			
APODATORY	DIRECTOR'S OR REQUIRER	SUPPLIER REPRESENTATIVE'S SIGNATUF	DE	TITLE	(X6) DATE

05/26/2020 **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