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

PRINTED: 07/07/2020 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	345463	B. WING _		0	6/09/2020	
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF HENDERSONV			STREET ADDRESS, CITY, STATE, ZIP CODE 400 THOMPSON STREET HENDERSONVILLE, NC 28792			
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		E 0	000			
Control Survey was of facility was found in of §483.73 related to E-Subpart-B-Requirem Facilities. Event ID#	conducted on 06/09/20. The compliance with 42 CFR -0024 (b)(6), ents for Long Term Care BILI11.	FO	000			
An unannounced CO Control Survey was of facility was found in of §483.80 infection cor implemented the CM Control and Prevention	DVID-19 Focused Infection conducted on 06/09/20. The compliance with 42 CFR ntrol regulations and has S and Centers for Disease on (CDC) recommended					
DIRECTOR'S OR BROVINGE	STIDDLIED DEDDESENTATIVE'S SIGNATUR	IDE	TITLE		(X6) DATE	
	SUMMARY ST (EACH DEFICIENC REGULATORY OR Initial Comments An unannounced CO Control Survey was of facility was found in of §483.73 related to E- Subpart-B-Requirem Facilities. Event ID# INITIAL COMMENTS An unannounced CO Control Survey was of facility was found in of §483.80 infection con implemented the CM Control and Preventi practices to prepare BILI11.	An unannounced COVID-19 Focused Infection Control Survey was conducted on 06/09/20. The facilities. Event ID# BILI11. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 06/09/20. 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# BILI11. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 06/09/20. 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 COVID-19. Event ID # BILI11.	A BUILDIN 345463 B. WING_ ROVIDER OR SUPPLIER E CENTER OF HENDERSONV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID-19 Focused Infection Control Survey was conducted on 06/09/20. 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# BILI11. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 06/09/20. 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 COVID-19. Event ID #	ROUDER OR SUPPLIER E CENTER OF HENDERSONV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID-19 Focused Infection Control Survey was conducted on 06/09/20. 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 10 # BIL111. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 06/09/20. 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 COVID-19. Event ID # BIL111.	A BUILDING 345463 B. WING OI OI OI OI OI OI OI OI OI O	

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.

Electronically Signed

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

06/16/2020