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

PRINTED: 07/29/2020 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT CONCORD  OR 10 PROCEDED STANDARD OF DEPOCINCIES OF PROCEDED BY PULL RECOLLATORY OR US TERMINO OF DEPOCINCIES OF PROCEDED BY PULL RECOLLATORY OR US TERMINO OF DEPOCINCIES OF PROCEDED BY PULL RECOLLATORY OR US TERMINO OF DEPOCINCIES OF PROCEDED BY PULL RECOLLATORY OR US TERMINO OF DEPOCINCIES OF PROCEDED BY PULL RECOLLATORY OR US TERMINO OF DEPOCINCIES OF PROCEDED BY PULL RECOLLATORY OR US TERMINORMATION)  F 000 INITIAL COMMENTS  A complaint investigation was conducted 7/7/2020, Event ID # 2/*HE11. 7 of 7 complaint allegations were unsubstantiated.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
ACCORDUS HEALTH AT CONCORD  SINEEL ADDRESS, CITY STATE JP COOPE STATE ACCORDING TO THE CONCORD, NC 28025  [KN) ID SUMMAY STATEMENT OF DEFICIENCES ID BEACH DEPOCISION OF LISC DETAIL PRINCIPAL AND CORRECTION SHOULD BE CONCERNED THE ACTION SHOULD BE CONCERNED.  FOOD INITIAL COMMENTS  A complaint investigation was conducted 717/2020, Event ID # ZYHETI. 7 of 7 complaint allegations were unsubstantiated.			345130				1		
CONCORD, NC 28025  (MA) ID SUMMARY STATEMENT OF DEFICIENCIES ID RECORD BY FOLL RECOLUTION ON THE PREFET AND PROPERTY AND P					STREET ADDRESS, CITY, STATE, ZIP	CODE	1 0170	7172020	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  FOOD INITIAL COMMENTS  A complaint investigation was conducted 7/7/2020, Event ID # ZYHE11. 7 of 7 complaint allegations were unsubstantiated.	ACCORDIUS HEALTH AT CONCORD								
A complaint investigation was conducted 77/7/2020, Event ID # ZYHE11. 7 of 7 complaint allegations were unsubstantiated.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION	
7/7/2020, Event ID # ZYHE11. 7 of 7 complaint allegations were unsubstantiated.	F 000	INITIAL COMMENTS		FC	000				
		7/7/2020, Event ID # ZYHE11. 7 of 7 complaint							

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** 

07/27/2020