The     REGULTORY OR LIST DENTIFYING INFORMATION     Tag     CROSS-REFERENCED TO THE APPOPRIATE     DMTE       E 000     Initial Comments     E 000     An unannounced COVID-19 Focused Survey was conducted on 07/27/2020. The facility was found to be in compliance with 42 CFR §433.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# BMPS11.     F 000     F 000 <th></th> <th>-</th> <th>ID HUMAN SERVICES</th> <th></th> <th></th> <th></th> <th>FOR</th> <th>M APPROVED</th>		-	ID HUMAN SERVICES				FOR	M APPROVED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING COMPLETED   345515 8. WNG OT/27/2020   INMAE OF PROVIDER OR SUMPLER STREET ADDRESS, COMPLETED   PRUITTHEALTH-TOWN CENTER STREET ADDRESS, COMPLETED   OVER CORRECTION STREET ADDRESS, COMPLETED   OVER CORRECTION ON CONSECTION ON USE REPROCIEDED BY FULL PREFIX COMPLETE   OVER CORRECTION ON CONSECTION ON USE REPROCIEDED BY FULL PREFIX CORRECTION ON CORRECTION ON USE REPROCIEDED BY FULL   PREFIX CORRECTION ONE CORRECTION ON USE REPROCIED BY FULL PREFIX CORRECTION ONE CORRECTION ON USE REPROCIED BY FULL PREFIX CORRECTION ONE CORRECTION ON USE REPROCIED BY FULL PREFIX CORRECTION ONE CORRECTION ON USE REPROCIED BY FULL PREFIX CORRECTION ONE CORRECTION ON USE REPROCIED BY FULL PREFIX CORRECTION ONE CORRECTION ON USE REPROCIED BY FULL PREFIX CORRECTION ONE CORRECTION ONE CORRECTION ON USE REPROCIED BY FULL PREFIX CORRECTION ONE CORRECTION	CENTER	S FOR MEDICARE &	MEDICAID SERVICES					<u> 0938-0391                                    </u>	
INME OF PROVIDER OF SUPPLIER     STREET ADDRESS, CITY, STATE_2IP CODE     COLUMNATION       PRITTHEALTH-TOWN CENTER     ISTREET ADDRESS, CITY, STATE_2IP CODE     GO ROBERTA ROAD     PROVIDER SPLANCE     OWNER       IMARISBURG, NO.20075     ISSUMMARY STREMENT OF DEFICIENCIES     Internet S     PROVIDERS SPLANCE OF CORRECTION     OWNER       IPACE OF ROMONDER OF NUMERY OF DEFICIENCIES     Internet S     IPACE OF ROMONDER OF NUML AND BE CONSTRUCTION     OWNER       IPACE OF DOTIONATION     Internet S     IPACE OF ROMONDER OF NUML AND BE CONSTRUCTION     OWNER       IPACE OF DOTIONATION OF LSC DENTIFYING INFORMATION     IPACE OF ROMONDER OF NUML BE CONSTRUCTION     OWNER       IPACE OF DOTIONATION     Initial Comments     IPACE OF CONSTRUCTION DE CONSTRUCTION     OWNER       IPACE OF DOTIONATION     IPACE OF CONSTRUCTION     IPACE OF CONSTRUCTION     OWNER       IPACE OF CONSTRUCTION OF LSC DENTIFYING INFORMATION     IPACE OF CONSTRUCTION     OWNER     IPACE OF CONSTRUCTION       IPACE OF CONSTRUCTION     IPACE OF CONSTRUCTION     IPACE OF CONSTRUCTION     IPACE OF CONSTRUCTION     OWNER       IPACE OF CONSTRUCTION     IPACE OF CONSTRUCTION     IPACE OF CONSTRUCTION     IPACE OF CONSTRUCTION     IPACE OF CONSTRUCTION <td< td=""><td colspan="2"></td><td></td><td colspan="2"></td><td colspan="2"></td></td<>									
PRUITHEALTH-TOWN CENTER     Display and the processing of the proc			345515	B. WING			07/27/2020		
PRUTITIEALTH-TOWN CENTER     HARRISBURG, NC 28075       (P4,I) IN PRETX TWA     ISUMMARY STREMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PREDED BY FULL REQUATION TO LSS DEMTFYING INFORMATION)     IP PRETX IND     PRETX (EACH DEPICIENCY MUST BE PREDED BY FULL REQUATION SHOULD BE CHOSS-REFERENCE TO THE APPROPRIATE DEFICIENCY     Organization (EACH DEPICIENCY MUST BE PREDED BY FULL REQUATION SHOULD BE CHOSS-REFERENCE TO THE APPROPRIATE DEFICIENCY     Organization (EACH DEPICENCY MUST BE PREDED BY FULL REQUATION SHOULD BE CHOSS-REFERENCE TO THE APPROPRIATE DEFICIENCY     Organization (EACH DEFICIENCY MUST BE PREDED BY FULL REQUATION SHOULD BE CHOSS-REFERENCE TO THE APPROPRIATE DEFICIENCY (EACH DEFICIENCY MUST BE READ BY An unannounced COVID-19 Focused Survey was conducted on 07/27/2020. The facility was found to be in compliance with 42 CFR \$433.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.     F 000	NAME OF PROVIDER OR SUPPLIER				STF	REET ADDRESS, CITY, STATE, ZIP CODE			
DARRISBURG, NC 2807     Distribution     Distri	PRIJITTHEALTH-TOWN CENTER								
Préčix TAG     (EACH DEPRICINCY MUSITE E PRECEDED BY FULL REGULTORY OR LSC DENTIFYING INFORMATION)     PRÉTIX TAG     CEAH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE     COMPLETING DEFICIENCY       E 000     Initial Comments     E 000     E 000     Initial Comments     E 000       An unannounced COVID-19 Focused Survey was conducted on 07/27/2020. The facility was found to be in compliance with 42 CFR \$483.73 related to E-0024 (b(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# BMPS11.     F 000     INITIAL COMMENTS     F 000       An unannounced COVID-19 Focused Infection Control Survey was conducted on 07/27/2020. The facility was found to be 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.     F 000     INITIAL COMMENTS     F 000					HARRISBURG, NC 28075				
An unannounced COVID-19 Focused Survey was conducted on 07/27/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6). Subpart-B-Requirements for Long Term Care Facilities. Event ID# BMPS11. F 000 An unannounced COVID-19 Focused Infection Control Survey was conducted on 07/27/2020. The facility was found to be 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.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI		ЗE	COMPLETION	
was conducted on 07/27/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6). Subpart-B-Requirements for Long Term Care Facilities. Event ID# BMPS11. F 000 An unannounced COVID-19 Focused Infection Control Survey was conducted on 07/27/2020. The facility was found to be in compliance with 42 CFR §433.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.	E 000	Initial Comments		EO	000				
An unannounced COVID-19 Focused Infection Control Survey was conducted on 07/27/2020. The facility was found to be 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.	F 000	was conducted on 07 found to be in complia related to E-0024 (b)( for Long Term Care F BMPS11.	/27/2020. The facility was ance with 42 CFR §483.73 6), Subpart-B-Requirements acilities. Event ID#						
Control Survey was conducted on 07/27/2020. The facility was found to be 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.	F 000			FO	000				
		Control Survey was c The facility was found CFR §483.80 infectio has implemented the Disease Control and recommended practic	onducted on 07/27/2020. I to be in compliance with 42 n control regulations and CMS and Centers for Prevention (CDC)						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	LABORATORY	DIRECTOR'S OR PROVIDER/S	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.

PRINTED: 07/30/2020