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

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NAME OF PROVIDER OR SUPPLIER CAROLINA PINES AT ASHEVILLE SUMMARY CHARLENGE TO DEFORME BY WICTORIA ROAD ASHEVILLE, NO. 28801 PREDIX RECOLATORY OR USO DEPTHYING INFORMATION) E 000 Initial Comments An unannounced COVID-19 Focused Survey was conducted on 07/30/2020. The facility was found in compliance with 42 CFR §48/3 37 related to E-0024 (b)(6), Subpart-8-Requirements for Long Term Care Facilities. Event ID# 1/2F11. F 000 INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 07/30/2020. The facility was found in compliance with 42 CFR §48/3 37 related to E-0024 (b)(6). Subpart-8-Requirements for Long Term Care Facilities. Event ID# 1/2F11. F 000 INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 07/30/2020. The facility was found in compliance with 42 CFR §48/3 and celertes for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# 1,12F11. ADDRANTORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE **TITLE** **TITLE** **TITLE** **TITLE** **ONITION TITLE** **TITLE** **ONITION TITLE** **TITLE** **ONITION TITLE** **TITLE** **ONITION TITLE** **ONITION	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS. CITY, STATE, ZIP CODE 91 VICTORIA RADA ASHEVILLE, NC 28801 PREPIX PROVIDER'S PLAN OF CORRECTION SIGNAL DE CROSS-REFERENCED TO THE APPROVINCE	345174			B. WING			07/30/2020		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) FREETX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION An unannounced COVID-19 Focused Survey was conducted on 07/30/2020. 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# 1J2F11. FOOD An unannounced COVID-19 Focused Infection Control Survey was conducted on 07/30/2020. 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 COVID-19. Event ID# 1J2F11.					91 VICTORIA ROAD				
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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

Electronically Signed

program participation.

08/25/2020