CENTERS FOR MEDICARE & MEDICAID SERVICES   OMB MOL 0988-031     MAIR PLAN DE CORRECTION   IDHITIFICATION NUMBER:   001/01/11/11/11/11/11/11/11/11/11/11/11/								M APPROVED
AND FLAN OF CORRECTION   IDENTIFICATION NUMBER:   A BUILDING   COUNT_CETE   COUNT_CETE     IMME OF PROVIDER OR SUPPLIER   545421   5.WMG   STREET AUDRESS, CITY, SUAF, 2P CODE   7.2	CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO							<u>O. 0938-0391</u>
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UNME OF PROVIDER OF SUPPLIER   STREET ADDRESS, CITY, STREE, POOR     THE LAURELS OF CHATHAM   STREET ADDRESS, CITY, STREE, POOR     (%4)10 Meetry, Market STREEMENT OF DEPICIENCIES (EXCLOSED WART REPORTED OF FLICENCIES (EXCLOSED WART REPORTED OF FLICENCIES (			345421	B. WING _				-
THE LAURELS OF CHAIHAM   PITSBORO, NC 27312     [09] [0] PREETX   [0] PREETX   [0] PREETX   PROVIDERS LAURCH CORRECTION CORRECTION OF DEPICIENCIES   [0] PREETX   PROVIDERS LAURCH CORRECTION CORRECTION OF DEPICIENCIES   [0] PREETX   [0] PREETX   PROVIDERS LAURCH CORRECTION OF DEPICIENCIES   [0] PREETX	NAME OF PROVIDER OR SUPPLIER				ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
migring TAC   (EACH ORDERCISENCY MUST BE PRECEDED BY FULL) REGULATORY OR LGC DERTIFYING INFORMATION)   PRECX TAG   CEACH CORRECTIVE CONTON INFORMATION   CAMPLETING TAG     E 000   Initial Comments   E 000   E 000   Initial Comments   E 000     An unannounced COVID-19 Focused Survey was conducted onsite 8/5/2020 and continued remotely until 8/6/2020. 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# R6X/11.   F 000     F 000   INITIAL COMMENTS   F 000     An unannounced COVID-19 Focused Infection Controls Jurvey and compliant investigation were conducted onsite 8/5/2020 and ontinued remotely until 8/6/2020. The facility as 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 COVID19.   F 000     7 of the 7 complaint allegations were not substantiated.   Substantiated.   Substantiated.	THE LAURELS OF CHATHAM							
An unannounced COVID-19 Focused Survey was conducted onsite 8/5/2020 and continued remotely until 8/6/2020. 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# RBK/11. F 000   F 000 NITTAL COMMENTS F 000   An unannounced COVID-19 Focused Infection compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and continued remotely until 8/6/2020. The facility was found in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and CovID-19. F others for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.   7 of the 7 complaint allegations were not substantiated. F others for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. F others for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.   7 of the 7 complaint allegations were not substantiated. T of the 7 complaint allegations were not substantiated. T of the 7 complaint allegations were not substantiated.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
was conducted onsite 8/5/2020. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b) (b), Subpart-B-Requirements for Long Term Care Facilities. Event D# R9KJ11. F 000   F 000 INITIAL COMMENTS F 000   An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted onsite 8/5/2020 and continued remotely until 8/6/2020. The facility was found in compliance with 42 CFR 483.80 infection control remotely until 8/6/2020. 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 COVID19.   7 of the 7 complaint allegations were not substantiated. 7 of the 7 complaint allegations were not substantiated.   KARMONEVEENCENCENCENCENCENCENCEX EXEMPTION TO SUPPLY THE REPRESENTATIVES SIGNATE EXEMPTION TO SUPPLY THE REPRESENTATIVES SIGNATE EXEMPTION TO SUPPLY THE REPRESENTATIVES SIGNATE EXEMPTION TO SUPPLY THE REPRESENTATIVE SIGNATE EXEMPTION TO SUPPLY THE REPRESENTATIVES SIGNATE EXEMPTION TO SUPPLY THE REPRESENTATIVE SIGNATE EXEMPTION TO SUPPLY THE REPRESENTATI	E 000	Initial Comments		E 000				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TILE (%) DATE	F 000	was conducted onsite remotely until 8/6/202 compliance with 42 C E-0024 (b) (6), Subpa Term Care Faciliites. INITIAL COMMENTS An unannounced CC Control Survey and c conducted onsite 8/5/ remotely until 8/6/202 compliance with 42 C regulations and has in Centers for Disease C (CDC) recommended COVID19.	e 8/5/2020 and continued 20. The facility was found in FR 483.73 related to art-B-Requirements for Long Event ID# R9KJ11. VID-19 Focused Infection omplaint investigation were /2020 and continued 20. The facility was found in FR 483.80 infection control mplemented the CMS and Control and Prevention I practices to prepare for	FC	000			
Electronically Signed 08/10/2020		substantiated.		RE		TITLE		
	Electronically Signed							08/10/2020

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.

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