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

PRINTED: 09/11/2020 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER  CROASDAILE VILLAGE  SUMMARY STATEMENT OF DEFICIENCIES  (EACH EPROCEND WIST REPRESENTED BY FILL REQUILATORY OR ISC IDENTIFYING INFORMATION)  FROM INTERPRETATION OF THE PROPERTY OF THE PROVIDER STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROVIDER STATE OF THE PROPERTY OF T	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  E 000 Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 09/09/2020. 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# 007511.  F 000 INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 09/09/2020. 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# 007511.  F 000 INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 09/09/2020. 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 007S11.					STREET ADDRESS, CITY, STATE, ZIP CODE 2600 CROASDAILE FARM PARKWAY			
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	ADODATE	DIDECTORIS OF THE STATE OF	WOULDNUTTH DEPOSITION TO THE TOTAL T	IDE	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.

Facility ID: NH956223