	DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM								
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETED 345471 B. WING 0 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2415 SANDY PORTER ROAD (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX (EACH CORRECTIVE ACTION SHOLD BE (CACH CORRECTIVE ACTION SHOLD BE CONSTRETE ACTION SHOLD SH	CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	<u> </u>	
345471 B. WING	()							COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MECKLENBURG HEALTH & REHABILITATION 2415 SANDY PORTER ROAD (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) IP E 000 Initial Comments E 000 An unannounced COVID-19 Focused Survey was conducted on 9/16/2020. 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# L80E11. F 000 F 000 An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 9/16/2020. There was 1 allegation investgated which was not substantiated. 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 F 000		345471		B. WING			_		
MECKLENBURG HEALTH & REHABILITATION CHARLOTTE, NC 28273 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET ID DEFICIENCY) E 000 Initial Comments E 000 An unannounced COVID-19 Focused Survey was conducted on 9/16/2020. 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# L80E11. F 000 F 000 INITIAL COMMENTS F 000 An unannounced COVID-19 Focused Infection Control Survey and 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 F 000	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET TAG E 000 Initial Comments E 000 E 000 Initial Comments E 000 An unannounced COVID-19 Focused Survey was conducted on 9/16/2020. 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# L80E11. F 000 F 000 An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 9/16/2020. There was 1 allegation investgated which was not substantiated. 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 F 000	MECKLENBURG HEALTH & REHABILITATION								
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLET DATE E 000 Initial Comments E 000 An unannounced COVID-19 Focused Survey was conducted on 9/16/2020. 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# L80E11. F 000 F 000 INITIAL COMMENTS F 000 An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 9/16/2020. There was 1 allegation investgated which was not substantiated. 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 F 000					С	HARLOTTE, NC 28273		1	
An unannounced COVID-19 Focused Survey was conducted on 9/16/2020. 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# L80E11.F 000F 000INITIAL COMMENTSF 000An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 9/16/2020. There was 1 allegation investgated which was not substantiated. 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	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	E COMPLETION	
 was conducted on 9/16/2020. 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# L8OE11. F 000 An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 9/16/2020. There was 1 allegation investgated which was not substantiated. 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 	E 000	Initial Comments		E	000				
An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 9/16/2020. There was 1 allegation investgated which was not substantiated. 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		was conducted on 9/ ² found in compliance related to E-0024 (b)(for Long Term Care F	16/2020. The facility was with 42 CFR §483.73 (6), Subpart-B-Requirements						
Control Survey and complaint investigation were conducted on 9/16/2020. There was 1 allegation investgated which was not substantiated. 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	F 000	INITIAL COMMENTS		F	000				
		Control Survey and c conducted on 9/16/20 investgated which wa facility was found in c §483.80 infection con implemented the CMS Control and Prevention practices to prepare f	omplaint investigation were 020. There was 1 allegation us not substantiated. The compliance with 42 CFR atrol regulations and has S and Centers for Disease on (CDC) recommended						
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Electronically Signed 09/21/20	(X6) DATE 09/21/2020								

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.

PRINTED: 10/12/2020