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

PRINTED: 10/22/2020 FORM APPROVED OMB NO. 0938-0391

DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
	345227	B. WING _			10/08/2020	
NAME OF PROVIDER OR SUPPLIER  PELICAN HEALTH REIDSVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE  543 MAPLE AVENUE  REIDSVILLE, NC 27320			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	( (EACH CORRECTIVE CROSS-REFERENCED	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (COMP D)		
Initial Comments		EC	E 000			
An unannounced COVID-19 Focused Survey was conducted on 10/7/20-10/8/20. The facility was found in Compliance with the requirement CFR 483.73 Emergency Preparedness. Event ID# TS4I11.						
00 INITIAL COMMENTS		FC	000			
Control Survey was of 10/8/20. The facility was 42 CFR §483.80 infer has implemented the Disease Control and	conducted on 10/7/20- vas found in compliance with ction control regulations and CMS and Centers for Prevention (CDC)					
	ROVIDER OR SUPPLIER  HEALTH REIDSVILLE  SUMMARY ST (EACH DEFICIENC REGULATORY OR)  Initial Comments  An unannounced CC was conducted on 10 was found in Complia CFR 483.73 Emergel ID# TS4I11. INITIAL COMMENTS  An unannounced CC Control Survey was of 10/8/20. The facility was implemented the Disease Control and recommended practice.	An unannounced COVID-19 Focused Survey was conducted on 10/7/20-10/8/20. 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	ROVIDER OR SUPPLIER  HEALTH REIDSVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 10/7/20-10/8/20. The facility was found in Compliance with the requirement CFR 483.73 Emergency Preparedness. Event ID# TS4I11.  INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/7/20-10/8/20. 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	ROVIDER OR SUPPLIER  HEALTH REIDSVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  An unannounced COVID-19 Focused Survey was conducted on 10/7/20-10/8/20. The facility was found in Compliance with the requirement CFR 483.73 Emergency Preparedness. Event ID# TS4I11.  INITIAL COMMENTS  A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, 543 MAPLE AVENUE REIDSVILLE, NC 27320  ID PROVIDER'S PLA (EACH CORRECTIVITY) (EACH CORRECTIV	ROVIDER OR SUPPLIER  #HEALTH REIDSVILLE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 10/7/20-10/8/20. The facility was found in Compliance with the requirement CFR 483.73 Emergency Preparedness. Event ID# TS4I11.  INITIAL COMMENTS  A BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  543 MAPLE AVENUE REIDSVILLE, NC 27320  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  FEODO  An unannounced COVID-19 Focused Survey was conducted on 10/7/20-10/8/20. The facility was found in Compliance with the requirement CFR 483.73 Emergency Preparedness. Event ID# TS4I11.  INITIAL COMMENTS  FOOD  An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/7/20-10/8/20. 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	

**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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE