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

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NAME OF PROVIDER OR SUPPLIER ALAMANCE HEALTH CARE CENTER SUBJUANCE STREET SURLINGTON, NC. 27217 BURLINGTON, NC. 27217 SUBJUANCE STREET SURLINGTON, NC. 27217 SUBJUANCE STREET SURLINGTON, NC. 27217 BURLINGTON, NC. 27217 E 000 Initial Comments An unannounced COVID-19 Focused Survey was conducted on 10/6/20 - 10/8/20 The facility was found in compliance with 42 CFR \$483.73 related to F-0/024 (b)(8), Subpart-B-Requirements for Long Term Care Facilities. Event ID# CUK911 F 000 INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/6/20 - 10/8/20 The facility was found in compliance with 42 CFR \$483.73 related to F-0/024 (b)(8), Subpart-B-Requirements for Long Term Care Facilities. Event ID# CUK911 F 000 INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/6/20-10/8/20 The facility was found in compliance with 42 CFR \$483.00 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# CUK911 2 of 2 allegations were not substantiated ABORATORY DISECTORS OR PROVIDER/BURPLER REPRESENTATIVE'S SIGNATURE STREET ADDRESS, CITY, STREET BURLINGTON, NC 27217 BURLINGTON, NC 27217 BURLINGTON, NC 27217 BURLINGTON, NC 27217 PRETIX PRETIX	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		C C COMPLETED	
SITEST ADDRESS. CITY. STATE. ZIP CODE 1997 HILTON STREET SUMMARY STATEMENT OF DEFICIENCIES 1997 HILTON STREET SUMMARY STATEMENT OF DEFICIENCIES 1997 HILTON STREET SUMMARY STATEMENT OF DEFICIENCIES 1997 HILTON STREET SURLINGTON, NC 27217 DIPPOSITION OF DEFINITION OF DEFICIENCIES 1997 HILTON STREET SURLINGTON, NC 27217 DIPPOSITION OF DEFINITION OF DEFICIENCIES 1997 HILTON STREET 1997 HILTON			345420	B. WING _				
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE					STREET ADDRESS, CITY, STATE, ZIP CODE 1987 HILTON STREET			
An unannounced COVID-19 Focused Survey was conducted on 10/6/20 - 10/8/20. 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# CUK911 INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/6/20-10/8/20 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 COVID-19. Event ID# CUK911 2 of 2 allegations were not substantiated	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETION	
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APORATORY DIRECTORS OF PROVIDENCIARD FOR PERMITATIVE SIGNATURE		Control Survey was 10/6/20-10/8/20 The compliance with 42 regulations and has Centers for Disease (CDC) recommende COVID-19. Event ID	conducted on facility was found in CFR §483.80 infection control implemented the CMS and Control and Prevention d practices to prepare for # CUK911					
							000 8:22	

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.

Electronically Signed

10/14/2020