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

PRINTED: 11/25/2020 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	345515	B. WING _			11/24/2020
NAME OF PROVIDER OR SUPPLIER  PRUITTHEALTH-TOWN CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6300 ROBERTA ROAD HARRISBURG, NC 28075		
SUMMARY STATEMENT OF DEFICIENCIES ( (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETION DATE	
Initial Comments		EC	E 000		
An unannounced COVID-19 Focused Survey was conducted on 11/23/20 through 11/24/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# MHN01111.					
10 INITIAL COMMENTS		FC	000		
An unannounced COVID-19 Focused Infection Control Survey was conducted on 11/23/20-11/24/20. The facility was found to be 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# MHN01111.					
F	ROVIDER OR SUPPLIER  SUMMARY ST (EACH DEFICIENC REGULATORY OR  Initial Comments  An unannounced CO was conducted on 17 The facility was foun CFR §483.73 related Subpart-B-Requirem Facilities. Event ID# INITIAL COMMENTS  An unannounced CO Control Survey was of 11/23/20-11/24/20. To compliance with 42 Or regulations and has in Centers for Disease (CDC) recommended.	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 11/23/20 through 11/24/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# MHN01111. INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 11/23/20-11/24/20. The facility was found to be 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	A. BUILDIN  345515  B. WING_  ROVIDER OR SUPPLIER  EALTH-TOWN CENTER  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 11/23/20 through 11/24/20.  The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# MHN01111.  INITIAL COMMENTS  F 0  An unannounced COVID-19 Focused Infection Control Survey was conducted on 11/23/20-11/24/20. The facility was found to be 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	A BUILDING  B. WING  ROVIDER OR SUPPLIER  SATREET ADDRESS, CITY, STATE, ZIP CO 6300 ROBERTA ROAD HARRISBURG, NC 28075  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  A BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CO 6300 ROBERTA ROAD HARRISBURG, NC 28075  ID PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  An unannounced COVID-19 Focused Survey was conducted on 11/23/20 through 11/24/20.  The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# MHN01111.  INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 11/23/20-11/24/20. The facility was found to be 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	A BUILDING  345515  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  6300 ROBERTA ROAD  HARRISBURG, NC 28075  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 11/23/20 through 11/24/20. The facility was found to be in compliance with 42  CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# MHN01111.  INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 11/23/20-11/24/20. The facility was found to be 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