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

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NAME OF FROMDER OR BUPPLIER CARDINAL HEALTHCARE AND REHAB SITE ALT ALDRESS. CITY, SIATE, ZIP CODE 331 N ASPEN STREET LINCOLNTON, NC 28992 PREPRY THAC CACH EXPENSIVE OF PROCEDURA WHYST REPRECEDED BY PULL FREGULATION OR LISC BENTH-YMM REPORTANTION) E 000 Initial Comments An unannounced COVID-19 Focused Survey was completed on-aits on 1203/2020. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b)(6), Subparts-Requirements for Long Term Fracilities. Event ID# OFLX11. F 000 An unannounced COVID-19 Focused Infection Control Survey and complaint investigation was completed on-aits on 12/03/2020. 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. Five (5) of the five (5) complaint allegations were unsubstantiated. Event ID # OFLX11.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STREET CARDINAL HEALTHCARE AND REHAB (X4) ID (X4) ID (X4) ID (X5) ID (X6) ID (X			345385	B. WING				
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) E 000 Initial Comments An unannounced COVID-19 Focused Survey was completed on-site on 12/03/2020. The facility was found in compliance with 42 CFR 483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Tarm Facilities. Event ID# OFLX11. F 000 An unannounced COVID-19 Focused infection Control Survey and compliant investigation was completed on-site on 12/03/2020. 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. The (5) of the five (5) complaint allegations were unsubstantiated. Event ID # OFLX11.					STREET ADDRESS, CITY, STATE, ZIP CODE 931 N ASPEN STREET			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Control Survey and of completed on-site on found in compliance infection control regulate CMS and Centers Prevention (CDC) recoprepare for COVID-1 complaint allegations	omplaint investigation was 12/03/2020. The facility was with 42 CFR §483.80 lations and has implemented s for Disease Control and commended practices to 9. Five (5) of the five (5)					
	ABODATODY	DIDECTORIS OF PROVINCES	CLIDDLIED DEDDECENTATIVEIC CLONATUS		TITLE		(Y6) DATE	

Electronically Signed 12/16/2020

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.