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

PRINTED: 01/22/2021 FORM APPROVED OMB NO. 0938-0391

DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
	345531	B. WING _	····		01/21/2021	
NAME OF PROVIDER OR SUPPLIER  NC STATE VETERANS HOME - SALISBURY			STREET ADDRESS, CITY, STATE, ZIP CODE  1601 BRENNER AVE, BUILDNG #10  SALISBURY, NC 28145			
SUMMARY STATEMENT OF DEFICIENCIES ( (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5 COMPLI		
Initial Comments		E 0	E 000			
An unannounced COVID-19 Focused Survey was conducted on 1/21/2021. 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# Q8HR11						
00 INITIAL COMMENTS		F 0	00			
An unannounced COVID-19 Focused Infection Control Survey was conducted on 1/21/2021. 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.						
F	SUMMARY ST (EACH DEFICIENC REGULATORY OR  Initial Comments  An unannounced CO was conducted on 1/ found in compliance related to E-0024 (b) for Long Term Care F Q8HR11 INITIAL COMMENTS  An unannounced CO control Survey was of facility was found in of §483.80 infection cor implemented the CM Control and Preventic	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 1/21/2021. 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#Q8HR11 INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted on 1/21/2021. 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	A. BUILDIN  345531  B. WING_  ROVIDER OR SUPPLIER  E VETERANS HOME - SALISBURY  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  E 0  An unannounced COVID-19 Focused Survey was conducted on 1/21/2021. 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# Q8HR11  INITIAL COMMENTS  F 0  An unannounced COVID-19 Focused Infection Control Survey was conducted on 1/21/2021. 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	ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BUILDING #10 SALISBURY, NC 28145  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  A BUILDING  STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BUILDING #10 SALISBURY, NC 28145  D PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ACTION CROSS-REFERENCED TO THE ACTION CROSS-REFERENCED TO THE ACTION DEFICIENCY)  Initial Comments  E 000  An unannounced COVID-19 Focused Survey was conducted on 1/21/2021. 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# Q8HR11 INITIAL COMMENTS  F 000  An unannounced COVID-19 Focused Infection Control Survey was conducted on 1/21/2021. 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	ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1601 BRENNER AVE, BUILDING #10  SALISBURY  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  E 000  An unannounced COVID-19 Focused Survey was conducted on 1/21/2021. 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# QBHR11  INITIAL COMMENTS  A BUILDING B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BRENNER AVE, BUILDING #10 SALISBURY, NC 28145  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  E 000  F 000  F 000  An unannounced COVID-19 Focused Survey Was conducted on 1/21/2021. The facilities. Event ID# QBHR11  INITIAL COMMENTS  F 000  An unannounced COVID-19 Focused Infection Control Survey was conducted on 1/21/2021. 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	

**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