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

PRINTED: 02/05/2021 FORM APPROVED OMB NO. 0938-0391

DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	345184	B. WING _			02/04/2021	
NAME OF PROVIDER OR SUPPLIER  CITADEL ELIZABETH CITY LLC			STREET ADDRESS, CITY, STATE, ZIP CODE  901 SOUTH HALSTEAD BOULEVARD  ELIZABETH CITY, NC 27909			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X COMPL DA DA		
Initial Comments		E 0	00			
An unannounced COVID-19 Focused Survey was conducted on 2/4/2021. 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# BLPM11.						
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Control Survey was of facility was found in of §483.80 infection cor implemented the CM Control and Prevention	conducted on 2/4/2021. The compliance with 42 CFR ntrol regulations and has S and Centers for Disease on (CDC) recommended					
F	ROVIDER OR SUPPLIER  ELIZABETH CITY LLC  SUMMARY ST (EACH DEFICIENC REGULATORY OR  Initial Comments  An unannounced CC was conducted on 2/ found in compliance related to E-0024 (b) for Long Term Care F BLPM11. INITIAL COMMENTS  An unannounced CC 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 2/4/2021. 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# BLPM11.	A. BUILDIN  345184  B. WING  ROVIDER OR SUPPLIER  ELIZABETH CITY LLC  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 2/4/2021. 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# BLPM11. INITIAL COMMENTS  F 00  An unannounced COVID-19 Focused Infection Control Survey was conducted on 2/4/2021. 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 BUILDING  345184  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 901 SOUTH HALSTEAD BOULEVARD ELIZABETH CITY LLC  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 CODE 901 SOUTH HALSTEAD BOULEVARD ELIZABETH CITY, NC 27909  ID PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)  Initial Comments  E 000  An unannounced COVID-19 Focused Survey was conducted on 2/4/2021. 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# BLPM11.  INITIAL COMMENTS  F 000  An unannounced COVID-19 Focused Infection Control Survey was conducted on 2/4/2021. 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 BUILDING  345184  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  901 SOUTH HALSTEAD BOULEVARD  ELIZABETH CITY LLC  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 2/4/2021. 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# BLPM11.  INITIAL COMMENTS  F 000  An unannounced COVID-19 Focused Infection Control Survey was conducted on 2/4/2021. 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