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

PRINTED: 02/08/2021 FORM APPROVED OMB NO. 0938-0391

MARE OF PROVIDER OR SUPPLIES  CHARLOTTE HEALTH & REHABILITATION CENTER  SUMMARY STATEMENT OF DEFICIENCY MISS THE PRECEDED BY PULL PREPIX TAG  INTERIOR SUPPLIES  SUMMARY STATEMENT OF DEFICIENCY MISS THE PRECEDED BY PULL PREPIX TAG  PROPRIESE PLAN OF CORRECTION SHOULD BE RECOLUTERY OR LSC IDENTIFYING IN FORMATION; TAG  INTERIOR DEFICIENCY OR LSC IDENTIFYING INFORMATION; TAG  PREPIX TAG  PREPIX PROPRIES PLAN OF CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION SHOULD BE (EACH CORREC	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
THE CHARLOTTE HEALTH & REHABILITATION CENTER  CHARLOTTE, MC 28214  SUMMARY STATEMENT OF DEFICIENCES  (EACH DEFICIENCY MAST BE PRECEDED BY FULL REGULATORY OR LIST BY FULL REGULATORY OR LIST BE PRECEDED BY FULL REGULATORY OR LIST BY FULL REGULAT	34		345405	B. WING			C 01/12/2021	
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  FIG. 17 TAG  An unannounced COVID-19 Focused Survey was conducted on 01/13/2021. 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# 4QVS11.  F 000  An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 01/12/2021. 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 (DDC) recommended practices to prepare for COVID-19. Two of the 2 complaint allegations were not substantiated. Event ID# 4QVS11.					STREET ADDRESS, CITY, STATE, ZIP CODE  1735 TODDVILLE ROAD			
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	LABORATORY	DIRECTOR'S OR PROVINCE	CLIDDLIED DEDDECENTATIVE CLONATUR	) DE		TITLE		(X6) DATE

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** 

01/22/2021