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

PRINTED: 02/24/2021 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			(X3) DATE SURVEY COMPLETED	
345520		B. WING	B. WING		C 01/21/2021	
NAME OF PROVIDER OR SUPPLIER PELICAN HEALTH THOMASVILLE			1028 BLA	AIR STREET	1 01	72172021
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
Initial Comments		E	E 000			
An unannounced COVID - 19 Focused survey was conducted on 01/21/2021. The facility was found in complinace with 42 CFR 483.73 related to E - 0024 (b) (6), Subpart - B - Requirements for Long Term Care Facilities. Event ID # IWU411. INITIAL COMMENTS			200			
An unannounced CC Control Survey and c conducted on 01/21/2 in compliance with 42 control regulations ar CMS and Centers for Prevention (CDC) rec prepare for COVID -	OVID - 19 Focused Infection omplaint investigation were 2021. The facility was found 2 CFR 483.80 infection and has implemented the Disease Control and commended practices to 19. 3 of 3 complaint	F	000			
DIRECTOR'S OR PROVIDER	SLIPPI IER REPRESENTATIVE'S SIGNATUR			TITLE		(X6) DATE
	ROVIDER OR SUPPLIER HEALTH THOMASVILLE SUMMARY ST (EACH DEFICIENC REGULATORY OR) Initial Comments An unannounced CC was conducted on 01 found in complinace of to E - 0024 (b) (6), So for Long Term Care F IWU411. INITIAL COMMENTS An unannounced CC Control Survey and co conducted on 01/21/2 in compliance with 42 control regulations ar CMS and Centers for Prevention (CDC) rec prepare for COVID - allegations were not s IWU411.	ROVIDER OR SUPPLIER HEALTH THOMASVILLE 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 01/21/2021. The facility was found in complinace with 42 CFR 483.73 related to E - 0024 (b) (6), Subpart - B - Requirements for Long Term Care Facilities. Event ID # IWU411. INITIAL COMMENTS An unannounced COVID - 19 Focused Infection Control Survey and complaint investigation were conducted on 01/21/2021. 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. 3 of 3 complaint allegations were not substantiated. Event ID # IWU411.	ROVIDER OR SUPPLIER HEALTH THOMASVILLE 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 01/21/2021. The facility was found in complinace with 42 CFR 483.73 related to E - 0024 (b) (6), Subpart - B - Requirements for Long Term Care Facilities. Event ID # IWU411. INITIAL COMMENTS An unannounced COVID - 19 Focused Infection Control Survey and complaint investigation were conducted on 01/21/2021. 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. 3 of 3 complaint allegations were not substantiated. Event ID #	ROVIDER OR SUPPLIER HEALTH THOMASVILLE 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 01/21/2021. The facility was found in complinace with 42 CFR 483.73 related to E - 0024 (b) (6), Subpart - B - Requirements for Long Term Care Facilities. Event ID # IWU411. INITIAL COMMENTS An unannounced COVID - 19 Focused Infection Control Survey and complaint investigation were conducted on 01/21/2021. 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. 3 of 3 complaint allegations were not substantiated. Event ID # IWU411.	A BUILDING 345520 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1028 BLAIR STREET THOMASVILLE, NC 27360 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPERCENCE) BY PULL REGULATORY OR I.SC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID - 19 Focused survey was conducted on 01/21/2021. 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 # IWU411. INITIAL COMMENTS An unannounced COVID - 19 Focused Infection Control Survey and complaint investigation were conducted on 01/21/2021. The facility was found in compliance with 42 CFR 483.80 infection Control Survey and complaint investigation were conducted on 01/21/2021. 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 3 of somplaint allegations were not substantiated. Event ID # IWU411.	A BUILDING 345520 B. WING B. WING SUMMARY SIATEMENT OF DERCIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY TILL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID - 19 Focused survey was conducted on 01/21/2021. The facility was found in compliance with 42 CFR 483.73 related to E - 0024 (b) (6), Subpart - 8 - Requirements for Long Term Care Facilities. Event ID # INVIA11. INITIAL COMMENTS An unannounced COVID - 19 Focused Infection Control Survey and complaint investigation were conducted on 01/21/2021. 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 - 19.3 of 3 complaint allegations were not substantiated. Event ID # INVIA11.

Electronically Signed 01/26/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

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.