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

PRINTED: 03/08/2021 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER THE CITADEL SALISBURY THE CITADEL SALISBURY (PA) 10  SUMMARY STATEMENT OF DEFICIENCIES FRECH DESCRIPTION OF AUST 18 PRECEDED BY FILL PRECIX THE CITADEL SALISBURY, NC 28147  E 000 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) (8), bulpart - B - Requirements for Long Term Care Facilities. Event ID # ONUK11.  F 000  An unannounced COVID - 19 Focused Infection Control Survey and complaint investigation were conducted on 02/04/2021. The facility was found in compliance with 42 CFR 483,80 infection Control Survey and complaint investigation were conducted on 02/04/2021. The facility was found in compliance with 42 CFR 483,80 infection Control regulations and has implemented the ONBs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID - 19, 1 of 1 complaint allegations were not substantiated. Event ID # ONUK11.  ABORNATORY DIRECTIONS OR PROVIDERSUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  ONE PREFIX  FOR AUST AND PROVIDERS PLAN OF CORRECTION (PACH TOWN OF CARL CARLOW)  FROM CRACK CORRECTION OF CORRECTION (PACH TOWN OF CARLOW)  FROM CRACK CORRECTION OF CORRECTION (PACH TOWN OF CARLOW)  FROM CRACK CORRECTION OF CORRECTION (PACH TOWN OF CARLOW)  FROM CRACK CORRECTION OF CORRECTION (PACH TOWN OF CARLOW)  FROM CRACK CORRECTION OF CORRECTION (PACH TOWN OF CARLOW)  FROM CRACK CORRECTION OF CORRECTION (PACH TOWN OF CARLOW)  FROM CRACK CORRECTION OF CORRECTION (PACH TOWN OF CARLOW)  FROM CRACK CORRECTION OF CORRECTION (PACH TOWN OF CARLOW)  FROM CRACK CORRECTION (PACH TOWN OF CARLOW)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
THE CITADEL SALISBURY THE CITADEL SALISBURY  TAG    DIAMAR PARABET   PROVIDER'S LAND OF CORRECTION   PREFIX TAG			345286	B. WING				
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  E 000  Initial Comments  An unannounced COVID - 19 Focused survey was conducted on 2/4/20/1. The facility was found in complinace with 42 CFR 483.73 related to E - 0024 (b) (f), Subpart - B - Requirements for Long Term Care Facilities. Event ID # QNMK11.  F 000  An unannounced COVID - 19 Focused Infection Control Survey and complaint investigation were conducted on 02/4/20/20/1. The facility was found in compliance with 42 CFR 483.80 infection Control Survey and complaint investigation were conducted on 02/4/20/20/1. 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 - 19.1 of 1 complaint allegations were not substantiated. Event ID # QNUK11.					STREET ADDRESS, CITY, STATE, ZIP CODE 710 JULIAN ROAD			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE  (X6) DATE		An unannounced COVID - 19 Focused Infection Control Survey and complaint investigation were conducted on 02/04/2021. 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. 1 of 1 complaint allegations were not substantiated. Event ID #						
	APODATORY	DIDECTOR'S OR PROVINCE	CLIDDLIED DEDDECENTATIVE CICNATUR	) DE	TITLE		(X6) DATE	

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

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.