A. BUILDING _____________________________  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345131

B. WING _____________________________  (X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

04/20/2018

NAME OF PROVIDER OR SUPPLIER

ACCORDIUS HEALTH AT CLEMMONS

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

FORM APPROVED

OMB NO. 0938-0391

STREET ADDRESS, CITY, STATE, ZIP CODE

3905 CLEMMONS ROAD
CLEMMONS, NC  27012

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 000) INITIAL COMMENTS

An onsite revisit and complaint investigation was conducted 4/19/18 and 4/20/18 and the facility is back into compliance effective 3/28/18.

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.