A. BUILDING ________________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345572

(X2) MULTIPLE CONSTRUCTION

A. BUILDING ________________________________

B. WING ________________________________

(X3) DATE SURVEY COMPLETED

05/18/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STREET ADDRESS, CITY, STATE, ZIP CODE

311 GARDEN AT NORTH HILLS STREET

RALEIGH, NC 27609

NAME OF PROVIDER OR SUPPLIER

THE CARDINAL AT NORTH HILLS

(NAME OF PROVIDER OR SUPPLIER)

PROVIDER'S PLAN OF CORRECTION

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

(X5) COMPLETION DATE

ID

PREFIX

TAG

ID

PREFIX

TAG

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

E 000 Initial Comments

An unannounced COVID-19 Focused Survey was conducted on 05/18/2020. The facility was in compliance with the requirement CFR 483.73 Emergency Preparedness. Event ID # 190W11.

F 000 INITIAL COMMENTS

An unannounced COVID-19 Focused Survey was conducted on 05/18/2020. No deficiencies were cited. Event ID # 190W11.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

05/20/2020

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.