### Summary Statement of Deficiencies

**An unannounced COVID19 focused infection control survey was conducted 5-28-20 through 5-29-20. The facility is in compliance with 42 CFR Part 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID19. Event ID # WJFS11**

### Provider's Plan of Correction

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td></td>
</tr>
</tbody>
</table>

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**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.**

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**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

**TITLE**

**(X6) DATE**

**Electronically Signed**

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**FORM CMS-2567(02-99) Previous Versions Obsolete**

**Event ID: WJFS11**

**Facility ID: 953473**

**If continuation sheet Page 1 of 1**