A. BUILDING ____________________________

(NAME OF PROVIDER OR SUPPLIER)

RICHMOND PINES HEALTHCARE AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

HIGHWAY 177 S BOX 1489

HAMLET, NC 28345

DATE SURVEY COMPLETED

06/01/2020

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345293

MULTIPLE CONSTRUCTION B. WING _____________________________

NAME OF PROVIDER OR SUPPLIER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DATE SURVEY COMPLETED

06/01/2020

STATEMENT OF DEFICIENCIES

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

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
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<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
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An unannounced COVID-19 Focused Survey was conducted on 06/01/2020. 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 # TWIE11.

An unannounced COVID-19 Focused Infection Control Survey was conducted on 06/01/2020. 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.

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.