**A. BUILDING ________________________**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**ID:** 345501  
**STATEMENT OF DEFICIENCIES**

**IDENTIFICATION NUMBER:**

**STATE:**

**DATE SURVEY COMPLETED:**

**DATE PRINTED:** 06/05/2020

**NAME OF PROVIDER OR SUPPLIER**

**CROASDAILE VILLAGE**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

2600 CROASDAILE FARM PARKWAY  
DURHAM, NC  27705

**ID** | **PREFIX** | **TAG** | **SUMMARY STATEMENT OF DEFICIENCIES**  
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**E 000** | **Initial Comments** | **E 000** | An unannounced COVID-19 Focused Survey was conducted on 6/1/20-6/2/20. The facility was found in Compliance with the requirement CFR 483.73 Emergency Preparedness. Event ID# G7KU11.

**F 000** | **INITIAL COMMENTS** | **F 000** | An unannounced COVID-19 Focused Survey was conducted on 06/1/20-6/2/20. The facility was in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities. Event ID #G7KU11.

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

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.

**FORM CMS-2567(02-99) Previous Versions Obsolete**  
**Event ID:** G7KU11  
**Facility ID:** NH956223  
**If continuation sheet Page:** 1 of 1