### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**

345331

**Date Survey Completed:**

06/18/2020

**Name of Provider or Supplier:**

SARDIS OAKS

**Street Address, City, State, Zip Code:**

5151 SARDIS ROAD

CHARLOTTE, NC  28270

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary of Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
</tr>
<tr>
<td></td>
<td>An unannounced COVID-19 Focused Survey was conducted on June 17, 2020 and June 18, 2020. The facility was found to be in compliance with Emergency Preparedness at 42 CFR §483.73 related to E-0024 (b)(6). Event ID Q7R611.</td>
</tr>
<tr>
<td>F 000</td>
<td>Initial Comments</td>
</tr>
<tr>
<td></td>
<td>An unannounced COVID-19 Focused Infection Control and Complaint Survey was conducted on June 17, 2020 and June 18, 2020. The facility was found to be 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. There were 10 complaint allegations investigated which were unsubstantiated. Event ID: Q7R611.</td>
</tr>
</tbody>
</table>

**Laboratory Director's or Provider/Supplier Representative's Signature:**

Electronically Signed

07/09/2020

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.