STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345394

STREET ADDRESS, CITY, STATE, ZIP CODE
8990 HIGHWAY 17 SOUTH
POLLOCKSVILLE, NC  28573

NAME OF PROVIDER OR SUPPLIER
BROOK STONE LIVING CENTER

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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Initial Comments
An unannounced COVID-19 Focused Survey was conducted on 08/05/2020 through 08/06/2020. 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 ID JI3Y11.

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INITIAL COMMENTS
An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 08/05/2020 - 08/06/2020. 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. Event JI13Y11

5 of the 5 complaint allegations were not substantiated.

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

Electronically Signed
08/28/2020

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.