### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** 345478

**Provider's Plan of Correction**

**Summary Statement of Deficiencies**

#### An unannounced COVID-19 Focused Survey

An unannounced COVID-19 Focused Survey was conducted on 08/06/2020 to 08/07/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID#TFDS11

#### An unannounced COVID-19 Focused Infection Control Survey and complaint investigation

An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 08/06/2020 to 08/07/2020. 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.

2 of the 2 complaint allegations were not substantiated. Event#TFDS11.

---

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

Electronically Signed 08/18/2020