Statement of Deficiencies and Plan of Correction

Name of Provider or Supplier: Croasdaile Village

Street Address, City, State, Zip Code: 2600 Croasdaile Farm Parkway, Durham, NC 27705

Provider Identification Number: 345501

Date Survey Completed: 09/23/2020

Summary Statement of Deficiencies

F 000 Initial Comments

An onsite revisit was conducted on 09/23/2020 and the facility is back into compliance effective 09/14/2020. The Directed Plan of Correction including the Root Cause Analysis was reviewed.

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.