### Statement of Deficiencies and Plan of Correction

**A. Building:**

**B. Wing:**

**Provider/Supplier/CLIA Identification Number:** NH0332

**Date Survey Completed:** 06/18/2020

**Name of Provider or Supplier:** COVENANT VILLAGE, INC

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

1351 ROBINWOOD ROAD
GASTONIA, NC  28054

**Division of Health Service Regulation**

**Report Date:** 06/18/2020

**Event ID#:** 79UT11

### Summary Statement of Deficiencies

**Deficiency ID:** L 000

**Initial Comments**

An unannounced Focused Infection Control survey in conjunction with a review of the emergency preparedness for staff was conducted on 06/18/2020. The facility was found in compliance with the rules for the licensing of nursing homes 10A NCAC 13 D 2209 for Infection Control and has implemented the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID#: 79UT11.