**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**A. BUILDING:**

______________________

**B. WING:**

______________________

**DATE SURVEY COMPLETED:**

07/29/2020

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**NAME OF PROVIDER OR SUPPLIER:**

DAN E. & MARY LOUISE STEWART H

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

1500 SAWMILL ROAD

RALEIGH, NC  27615

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<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETE DATE</th>
</tr>
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<tbody>
<tr>
<td>L 000</td>
<td></td>
<td></td>
<td>An unannounced COVID-19 Focused Infection Control Survey was conducted on 07/29/2020. The facility was found in compliance with 10 A NCAC 13D .2209 infection control regulations and has implemented the Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</td>
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