STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(NAME OF PROVIDER OR SUPPLIER)

STONECREEK HEALTH AND REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE
455 VICTORIA ROAD
ASHEVILLE, NC 28801

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

E 000 Initial Comments
An unannounced COVID-19 Focused Survey was conducted on 10/6/2020. 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# SOF511.

F 000 INITIAL COMMENTS
An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/6/2020. 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 ID# SOF511.