STATEMENT OF DEFICIENCIES 
AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF HENDERSONV

STREET ADDRESS, CITY, STATE, ZIP CODE

400 THOMPSON STREET 
HENDERSONVILLE, NC  28792

DATE SURVEY COMPLETED

10/15/2020

E 000 Initial Comments

An unannounced COVID-19 Focused Survey was conducted on 10/14/20. Additional record review and interviews occurred through 10/15/2020. Therefore, the survey exit date was changed to 10/15/2020. 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# DR5H11.

F 000 INITIAL COMMENTS

An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/14/2020. Additional record review and interviews occurred through 10/15/2020. Therefore, the exit date was changed to 10/15/2020. 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# DR5H11.