A. BUILDING ________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345162

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ________________
B. WING ________________

(X3) DATE SURVEY COMPLETED
C 10/22/2020

NAME OF PROVIDER OR SUPPLIER
ACCORDIUS HEALTH AT GASTONIA

STREET ADDRESS, CITY, STATE, ZIP CODE
416 N HIGHLAND STREET
GASTONIA, NC  28052

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

F 000 INITIAL COMMENTS

The survey team entered the facility on 10/20/20 to conduct a complaint survey and exited on 10/20/20. Additional information was obtained on 10/21/20 and 10/22/20. Therefore the exit date was changed to 10/22/20. 7 of the 7 complaint allegations were unsubstantiated. Event ID# T3YY11.

(X5) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 000

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

11/03/2020

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.