### Statement of Deficiencies and Plan of Correction

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

345543

**Date Survey Completed:**

11/16/2020

**Name of Provider or Supplier:**

BERMUDA COMMONS NURSING AND REHABILITATION CENTER

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

316 NC HIGHWAY 801 SOUTH
ADVANCE, NC 27006

### Summary Statement of Deficiencies

**E 000 Initial Comments**

An unannounced COVID-19 Focused Survey was conducted on 11/12/20. Additional information was gathered and the exit date was changed to 11/16/20. 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: 4H4D11.

**F 000 INITIAL COMMENTS**

An unannounced COVID-19 Focused Infection Control Survey and compliant survey was conducted on 11/12/20. Additional information was gathered and the exit date was changed to 11/16/20. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Center for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. 4 of the 4 complaint allegations were unsubstantiated. Event ID# 4H4D11.

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.

**Laboratory Director's or Provider/Supplier Representative's Signature**

Electronically Signed

**Date**

11/19/2020