### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**NAME OF PROVIDER OR SUPPLIER:**

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

**SUMMARY STATEMENT OF DEFICIENCIES**

<table>
<thead>
<tr>
<th>ID</th>
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<tbody>
<tr>
<td>E 000</td>
<td>Initial Comments</td>
<td>E 000</td>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
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</tbody>
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An unannounced COVID-19 Focused Survey was conducted on 11/19/2020. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 9EO211

An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 11/19/2020. The facility was found to be 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. 10 of the 10 complaint allegations were not substantiated.

**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

Electronically Signed

11/30/2020