**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

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**SUMMARY STATEMENT OF DEFICIENCIES**

An unannounced COVID-19 Focused Survey was conducted 11/10/20 with exit from the facility on 11/10/20. Additional information was obtained through 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# JZXZ11.

An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 11/10/20 with exit from the facility on 11/10/20. Additional information was obtained through 11/16/20. 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. A total of 5 allegations were investigated and none were substantiated. Event ID# JZXZ11.

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

Electronically Signed

11/19/2020