## Statement of Deficiencies and Plan of Correction

### NAME OF PROVIDER OR SUPPLIER

MACGREGOR DOWNS HEALTH AND REHABILITATION  
2910 MACGREGOR DOWNS ROAD  
GREENVILLE, NC  27834

### Summary Statement of Deficiencies

- **E 000 Initial Comments**
  
  An unannounced COVID-19 Focused Survey was conducted on 11/12/2020 through 11/13/2020. Additional information was obtained offsite through 11/23/2020, therefore the exit date was 11/23/2020. 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# I13511.

- **F 000 INITIAL COMMENTS**
  
  An unannounced COVID-19 Focused Survey and complaint investigation was conducted on 11/12/2020 through 11/13/2020. Additional information was obtained offsite through 11/23/2020, therefore the exit date was 11/23/2020. 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. Event ID# I13511. Four of 4 complaint allegations were not substantiated.

### Provider's Plan of Correction

- **E 000**

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

- **LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**
- **TITLE**
- **DATE**

Electronic Signature: 12/03/2020