### Statement of Deficiencies and Plan of Correction

#### A. Building ____________________________

**Provider/Supplier/CLIA Identification Number:** 345184

#### B. Wing ____________________________

**Date Survey Completed:** R-C 12/18/2020

**Healthcare Facility:** Citadel Elizabeth City LLC

**Address:**

- **Street Address:** 901 South Halstead Boulevard
- **City:** Elizabeth City
- **State:** NC
- **Zip Code:** 27909

**O.M.B. Number:** 0938-0391

**Event ID:** Facility ID: 943207

### Summary Statement of Deficiencies

**Initial Comments:**

An unannounced COVID-19 Focused Infection Control Survey, onsite revisit, and complaint investigation were conducted on 12/18/20. 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. The 4 allegations were unsubstantiated. The facility is back in compliance effective 10/28/20.

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

**Signature:** Electronically Signed

**Title:**

**Date:**

---

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.