A. BUILDING __________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345411

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

(X3) DATE SURVEY COMPLETED

C 12/03/2020

NAME OF PROVIDER OR SUPPLIER

HAYWOOD NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

516 WALL STREET
WAYNESVILLE, NC 28786

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG

E 000 Initial Comments E 000

An unannounced COVID-19 Focused Survey was conducted on 12/01/2020 with exit from the facility on 12/01/20. Additional information was obtained through 12/03/20. Therefore, the exit date was changed to 12/03/20. 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 #1NYW11

F 000 INITIAL COMMENTS F 000

An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 12/01/2020 with exit from the facility on 12/01/20. Additional information was obtained through 12/03/20. Therefore, the exit date was changed to 12/03/20. The facility was found in compliance with 42 CFR 483.80 infection control regulations and had implemented the CMS Center for Disease Control (CDC) recommended practices to prepare for COVID-19. 8 of the 8 complaint allegations were not substantiated. Event ID # 1NYW11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

12/22/2020

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.